

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

AFFIDAVIT REGARDING SUPERVISED EXPERIENCE FOR SUBSTANCE ABUSE SPECIALTY AUTHORIZATION

(To be completed by supervisor only)

Provided the supervisor has knowledge in psychopharmacology and addiction treatment, qualified supervisors include: a licensed marriage and family therapist; a licensed professional counselor; a licensed clinical social worker; a licensed psychologist; a licensed physician; a clinical supervisor as defined by Wis. Admin. Code § SPS 160.02(7); or another individual approved in advance of the supervising by the Board [Wis. Admin. Code § MPSW 1.09(4)].

APPLICANT: Complete this section and forward to your supervisor.

Profession (check a box): Social Work Training Certificate (SWTC) Social Worker (SW) Social Worker-Temp (SW Temp)
 Advanced Practice Social Worker (APSW) Independent Social Worker (ISW)

Last	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>

Applicant Signature (Print and Sign Form)

Date

SUPERVISOR: Complete section below and return directly to DSPS. Supervisor may mail to the address above or fax or email with facility cover sheet or cover letter to (608) 251-3036 or DSPSCredSubstanceAbuse@wisconsin.gov.

Supervisor's Name:

Supervisor's Credential Number: -

Credential held by Supervisor:

Name of Agency where work experience was gained:

Address of Agency where supervised experience was gained (city, state, zip):

Beginning and Ending dates of this supervised professional substance abuse counseling experience:

From: / / To: / /

I am a supervisor qualified as defined by Wis. Admin. Code § MPSW 1.09(4) and I am knowledgeable in psychopharmacology and addiction treatment.

Master's Degree (APSW, ISW):

I have supervised the above applicant for at least 200 hours of face-to-face client counseling experience with individuals diagnosed with substance use disorders.

Bachelor's Degree (SW, SW-Temp, SWTC):

I have supervised the above applicant for at least 1,000 hours of face-to-face client counseling experience with individuals diagnosed with substance use disorders.

I attest that the foregoing information is true and accurate.

/ /

Signature (Signature of current supervisor is acceptable even if experience was completed in previous place of employment.) (Print and Sign Form)

Date