

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: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INFORMATION FOR SUBSTANCE ABUSE COUNSELOR APPLICATIONS**

SUBSTANCE ABUSE COUNSELOR IN TRAINING (SAC-IT) REQUIREMENTS:

- 100 hours of specialized education in the content areas below:

CONTENT AREA	HOURS
Substance Abuse Assessment	15
Substance Abuse Counseling	15
Substance Abuse Case Management	10
Substance Abuse Patient Education	15
Substance Abuse Professional Responsibility	20
Electives within the performance domains listed above	25
TOTAL	100

- Provide evidence of current employment such as a written offer of employment, internship, practicum, or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment.
- Take and pass the Wisconsin Statutes and Rules Exam.

SUBSTANCE ABUSE COUNSELOR (SAC) REQUIREMENTS:

- 360 hours of substance use disorder specialized education, obtained through a postsecondary institution or a Department-approved education program (view our website for a list of approved programs: <https://dsps.wi.gov/Documents/SACCurrentPreCertificationEducation.pdf>) in the content areas listed below:

CONTENT AREA	HOURS
Substance Abuse Assessment	60
Substance Abuse Counseling	60
Substance Abuse Case Management	60
Substance Abuse Patient Education	60
Substance Abuse Professional Responsibility	60
Boundaries and Ethics	6
Electives within the performance domains listed above	54
TOTAL	360

- Completion of 3,000 hours of work experience described in [Form #2749](#) within five (5) years immediately preceding the date of application.
- Obtain a passing score for the on the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) NCAC I exam.
- Take and pass the Wisconsin Rules and Statutes Exam, unless the applicant has previously passed the examination in the process of obtaining a substance abuse counselor-in-training credential.
- Licensure via reciprocity may be granted if the applicant for SAC holds a current credential in good standing in another state or U.S. territory with requirements that are not lower than the current Wisconsin requirements ([Form #2786](#)).

Wisconsin Department of Safety and Professional Services

CLINICAL SUBSTANCE ABUSE COUNSELOR (CSAC) REQUIREMENTS:

- An Associate degree or higher in behavioral science field from an accredited university or college
- Evidence of one (1) of the following:
 - Holding a substance abuse counselor credential
 - or**
 - 360 hours of substance use disorder specialized education obtained through a postsecondary institution or a Department-approved education program (view our website for a list of approved programs: <https://dsps.wi.gov/Documents/SACCurrentPreCertificationEducation.pdf>) in the content areas listed below:

CONTENT AREA	HOURS
Substance Abuse Assessment	60
Substance Abuse Counseling	60
Substance Abuse Case Management	60
Substance Abuse Patient Education	60
Substance Abuse Professional Responsibility	60
Boundaries and Ethics	6
Electives within the performance domains listed above	54
TOTAL	360

- Completion of 5,000 hours of work experience as described in [Form #2749](#) within five (5) years immediately preceding the date of application.
- Obtain a passing score on the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) NCAC I exam
- Take and pass the Wisconsin Statutes and Rules Exam, unless the applicant has previously passed the examination in the process of obtaining a substance abuse counselor-in-training or substance abuse counselor credential.
- Licensure via reciprocity may be granted if an applicant for CSAC holds a current credential in good standing in another state or U.S. territory with requirements that are not lower than the current Wisconsin requirements ([Form #2786](#)).

NATIONAL ASSOCIATION FOR ALCOHOLISM AND DRUG ABUSE COUNSELORS' NCAC I REQUIRED OF ALL ELIGIBLE SAC AND CSAC APPLICANTS:

- Applicants must apply for the credential and have completed all education requirements.
- Required of all eligible SAC and CSAC applicants.
- For information on the NCAC I exam visit <http://www.naadac.org/testing-faqs>
- The Department will authorize you to take the NCAC I exam.
- Payment for the exam must be paid directly to NAADAC. The Department **will not** accept payment for the exam.

WISCONSIN STATUTES AND RULES EXAM:

- The Department will provide applicants with an ID number and password once the application and fees are received and reviewed.
- The Wisconsin Statutes and Administrative Rules are located on the Department website at <http://dsps.wi.gov>.

To view the status of your application visit the Department website at: <http://online.drl.wi.gov/ApplicationStatus/CredentialApplicationStatus.aspx> .

MAILING INSTRUCTIONS: Mail the Application for Licensure, the appropriate fee, and documentation to the following address:

Mailing Address:

DSPS
ATTN: Substance Abuse
P.O. Box 8935
Madison, WI 53708-8935

Express Delivery:

DSPS
ATTN: Substance Abuse
4822 Madison Yards Way
Madison, WI 53705

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR SUBSTANCE ABUSE COUNSELORS

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
Address (street, city, state, zip) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	
Mailing Address (if different) <input style="width: 95%;" type="text"/>		Date of Birth <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 20%;" type="text"/>	
Social Security Number <input style="width: 25%;" type="text"/> - <input style="width: 5%;" type="text"/> - <input style="width: 25%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.			
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Email Address <input style="width: 95%;" type="text"/>			
If you are applying for a <u>Clinical Substance Abuse Counselor</u> (CSAC) credential, do you hold a WI Substance Abuse Counselor Credential? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide WI credential number: <input style="width: 20%;" type="text"/> - <input style="width: 10%;" type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- SACIT Certification (Substance Abuse Counselor In Training)**
 \$ 75.00 Initial Credential Fee
 \$ 75.00 WI Statutes and Rules Exam Fee
 \$ 150.00 Total Fee Attached
- SAC Certification (Substance Abuse Counselor)**
 \$ 75.00 Initial Credential Fee
 \$ 75.00 WI Statutes and Rules Exam Fee (not required if passed)
 \$ 150.00 Total Fee Attached
- CSAC Certification (Clinical Substance Abuse Counselor)**
 \$ 75.00 Initial Credential Fee
 \$ 75.00 WI Statutes and Rules Exam Fee (not required if passed)
 \$ 150.00 Total Fee Attached
- Convictions and Pending Charges (additional Fee)**
 \$ 8.00 Submit this **additional** fee if Form #2252 is applicable

For Receiving Use Only (130/131/132)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Substance Abuse Counselor-in-Training

- A. Application (Form #2743) and fees
- B. Wisconsin Statutes and Rules Examination
- C. Employment Verification (Form #2770)
- D. Certificate of Completion of Department approved substance use disorder education program (Form #3079) or
- E. Completion of 100 Hours of Specialized Education (Form #2832) obtained from a postsecondary institution or Department approved continuing education with proof of attendance and completion
- F. Conviction and Pending Charges (Form #2252, if applicable)
- G. Malpractice Suits and claims (Form #2829, if applicable)

Substance Abuse Counselor & Clinical Substance Abuse Counselor

- A. Application (Form #2743) and fees
- B. Wisconsin Statutes and Rules Examination (unless previously passed in the process of obtaining a substance abuse counselor-in-training credential)
- C. Certificate of Completion of a Department approved substance use disorder education program
- D. National Association for Alcoholism and Drug Abuse Counselors (NAADAC) NCAC I exam
- E. Supervised Experience Form (Form #2749)
- F. Conviction and Pending Charges (Form #2252, if applicable)
- G. Malpractice Suits and claims (Form #2829, if applicable)

Clinical Substance Abuse Counselor

- A. Application (Form #2743) and fees
- B. Wisconsin Statutes and Rules Examination (unless previously passed in the process of obtaining a substance abuse counselor-in-training or substance abuse counselor credential)
- C. Evidence of holding a substance abuse counselor credential, or Certificate of Completion of a Department-Approved Substance Use Disorder Education Program (Form #3079)
- D. Official transcripts indicating proof of an associate degree or higher in a behavioral science field from an accredited university or college, sent directly from the school to the Wisconsin Department of Safety and Professional Services
- E. National Association for Alcoholism and Drug Abuse Counselors (NAADAC) NCAC I exam
- F. Supervised Experience Form (Form #2749)
- G. Conviction and Pending Charges (Form #2252, if applicable)
- H. Malpractice Suits and claims (Form #2829, if applicable)

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "Other Forms" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (Form #2996). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (Form #2982). **You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

RENEWAL and CONTINUING EDUCATION INFORMATION is available at dsps.wi.gov. Select "Professions," then click on the hyperlink for your profession.

FOREIGN DEGREES

Was your degree issued by a school outside of the U.S.? Yes No

Applicants with a degree awarded by a foreign institution of higher learning are required to submit a transcript in English from an approved credentialing evaluation service. View the Department website at dsps.wi.gov for a list of approved services.

Wisconsin Department of Safety and Professional Services

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S) (Include all active and inactive states.):

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For each credential listed above, if you answer “yes” to questions two (2) to five (5) or eight (8) below, submit a letter of verification from the applicable State Board or United States territory to the Wisconsin Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding any disciplinary actions taken or pending on your credential.

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.):

1.	Have you ever applied for and been denied a credential (license, certification or registration) in any profession? If yes, give details on an attached sheet, including the name of the profession and the licensing authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you ever surrendered or canceled your credential (license, certification, or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Is disciplinary action pending against you in any jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Have you ever been convicted of a misdemeanor or a felony or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. If yes, submit Convictions and Pending Charges (Form #2252).	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and Malpractice Suits and Claims form (#2829).	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in Wisconsin Statutes? If yes, give details on an attached sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I’ve provided to the Department of Safety and Professional Services change.

Applicant Signature: _____ **Date:** ____/____/____