

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Fax #: (608) 251-3036
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Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INSTRUCTIONS FOR CLINICAL SUPERVISOR APPLICATION**

CREDENTIALING AND EDUCATION REQUIREMENTS:

Clinical Supervisor-in-Training

- Hold an active Clinical Substance Abuse Counselor credential.

or

Hold an active license under Wis. Stat. §§ 457.08(4), 457.10, 457.11, 457.12, 457.13, or 457.14(1)(d) to (f), at the master's level or higher.

and

- Evidence of current employment, a written offer of employment, or an agreement authorizing volunteer hours as a clinical supervisor of counselors providing substance use disorder treatment services who are certified Wis. Stat. § 440.88, or licensed under Wis. Stat. §§ 457.08(4), 457.10, 457.11, 457.12, 457.13, or 457.14(1)(d) to (f).

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

Intermediate Clinical Supervisor

- Hold an active certification as a Clinical Substance Abuse Counselor.

or

Hold an active license under Wis. Stat. §§ 457.08(4), 457.10, 457.11, 457.12, 457.13, or 457.14(1)(d) to (f), at the master's level or higher.

and

- Evidence of at least one year of clinical supervisory experience as a supervisor-in-training or intermediate supervisor within the last 5 years as the supervisor of counselors certified Wis. Stat. § 440.88, Stats., or having a license under Wis. Stat. §§ 457.08(4), 457.10, 457.11, 457.12, 457.13, or 457.14(1)(d) to (f), Stats.

and

- Hold an active Intermediate Clinical Supervisor credential.

or

Successful Completion of 30 hours of education in clinical supervision - this shall include a minimum of 6 hours of training in each of the following domains:

- Assessment and evaluation
- Counselor development
- Management and administration
- Professional responsibility

or

Hold an American Association for Marriage and Family Therapy Supervisor certification.

and

- Pass the National Association of Alcoholism Counselors and Trainers' NCSE exam.
 - For information on the NCSE exam visit <https://www.naadac.org/testing-faqs>
 - The Department will authorize applicants to take the NCSE exam.
 - Payment for the exam must be paid directly to NAADAC. The Department **will not** accept payment for the exam

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Independent Clinical Supervisor

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR CLINICAL SUPERVISOR

Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. §§ 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%; height: 20px;" type="text"/>		Daytime Telephone Number <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	
Mailing Address (if different) <input style="width: 95%; height: 20px;" type="text"/>		Date of Birth <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	
Social Security # <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" 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			
Have you ever been licensed in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width: 150px;" type="text"/>			
Email Address <input style="width: 95%; height: 20px;" 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)
- CSIT Certification** (Clinical Supervisor-in-Training)
 \$ 75.00 Initial Credential Fee
 \$ 75.00 Total Fee Attached
- ICS Certification** (Intermediate Clinical Supervisor)
 \$75.00 Initial Credential Fee
 \$75.00 Total Fee Attached
- ICS Certification** (Independent Clinical Supervisor)
 \$ 75.00 Initial Credential Fee
 \$ 75.00 Total Fee Attached
- Conviction and Pending Charges Additional Fee** (This fee only applies if Form #2252 is applicable.)
 \$ 8.00 CIB Credential Fee
 \$ 8.00 Total Fee Attached

For Receiving Use Only (133/134/135)

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

Clinical Supervisor-in-Training

- Application (**Form #2744**) and appropriate fee
- Employment Verification (**Form #2779**)
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy marriage certificate, divorce decree, etc.

Intermediate/Independent Clinical Supervisor

- Application (**Form #2744**) and appropriate fee
- National Association of Alcoholism Counselors and Trainers' NCSE exam
- Affidavit regarding Supervisory Experience Form (**Form #2778**)
- Education and Training Form (**Form #2776**), if applicable
- Letters from all State Boards where licensed, active and inactive
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov>.

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.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov>.

CURRENT WISCONSIN SUBSTANCE ABUSE COUNSELING CREDENTIAL: To obtain certification you must hold one (1) of the following active credentials.

Choose one of the following:

I hold a Clinical Substance Abuse Counselor (CSAC)

WI Credential #:

 -

I hold an Intermediate Clinical Supervisor (ICS)

WI Credential #:

 -

I hold one of the following credentials at the master's level or higher:

WI Credential#:

 -

- Professional Counselor
- Professional Counselor-in-Training
- Professional Counselor Temporary
- Marriage and Family Therapist
- Marriage and Family Therapist-in-Training
- Marriage and Family Therapist Temporary
- Licensed Clinical Social Worker

I hold an American Association for Marriage and Family Therapy supervisor certification

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

For each credential listed above, if you answer "yes" to questions one (1) to three (3) or six (6) to 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.

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ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license, certification, registration or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have any suits or claims ever been filed against you as a result of professional services? If yes, Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	If yes to question 4 above, did you apply for a predetermination of the convictions? If YES, proceed to question 12. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 11, did you receive an approval letter? If YES, proceed to question 13. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 12, since the date of your approval letter have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation. If NO, do not submit Convictions and Pending Charges Form #2252.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

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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.

Signature: Date: / /