

# Wisconsin Department of Safety and Professional Services

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

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### AFFIDAVIT REGARDING SUPERVISED EXPERIENCE FOR SUBSTANCE ABUSE COUNSELORS

Clinical supervision may be provided by an intermediate clinical supervisor or an independent clinical supervisor **or** a physician, licensed psychologist, professional counselor, marriage and family therapist, or clinical social worker who practices as a substance abuse clinical supervisor or provides substance abuse counseling, treatment or prevention services within the scope of his or her licensure. (**Note:** Proposed supervisors with temporary or training licenses require **advance** review and approval. A credential holder acquiring supervised experience as a substance abuse counselor-in-training may **not** practice under the supervision of an individual holding a certificate as a clinical supervisor-in-training.)

**APPLICANT: Complete this section and forward to your supervisor.**

Type of credential applying for (check one):  SAC  CSAC

Last Name

First Name

MI

Former/Maiden Name(s)

Signature of Applicant:  
(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](mailto:DSPSCredSubstanceAbuse@wisconsin.gov).**

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: / /

Supervisor's Name:

Supervisor's Credential Number:

Credential held by Supervisor:

**Applicant completed one of the following:**

SAC

I am a supervisor holding the credential named above and I have supervised the above applicant within the 5 years immediately preceding the date of application with individuals diagnosed with substance use disorders. The applicant's work experience includes the eight (8) practice dimensions (clinical evaluation; treatment planning; referral; service coordination; counseling; patient, family, and community education; documentation; and professional and ethical responsibilities) (Wis. Admin. Code § SPS 160.02(2)). The applicant currently has 3,000 hours of supervised experience which includes all of the following:

- 1,000 hours in providing substance use disorder counseling with a minimum of 500 hours in a one-on-one individual modality setting.
- A minimum of 200 hours of providing counseling during the 12-month period immediately preceding the date of application of which 100 hours have been completed using an individual modality setting.

CSAC

I am a supervisor holding the credential named above and I have supervised the above applicant within the 5 years immediately preceding the date of application with individuals diagnosed with substance use disorders. The applicant's work experience includes the eight (8) practice dimensions (clinical evaluation; treatment planning; referral; service coordination; counseling; patient, family, and community education; documentation; and professional and ethical responsibilities) (Wis. Admin. Code § SPS 160.02(2)).

The applicant currently has 5,000 hours of supervised experience which include any work experience hours obtained as a requirement of the substance abuse counselor credential.

**I attest that the foregoing information is true and accurate and that the candidate for licensure has met the requirements of Wis. Admin. Code § SPS 161.02(6) (SAC) or § SPS 161.03(7) (CSAC).**

Signature:  
(Print and Sign)

Date:

(Signature of a current supervisor is acceptable, even if the experience was completed at a previous place of employment.)