

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: 4288 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

EMPLOYMENT/VOLUNTEER VERIFICATION FORM FOR SUPERVISED SUBSTANCE ABUSE COUNSELOR PRACTICE

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 CLINICAL SUPERVISOR.

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

I am in a position or have an offer for a position, internship, practicum, or an agreement authorizing volunteer hours at an agency providing substance use disorder treatment per Wis. Admin. Code § SPS 161.01(5).

- The supervisor may not permit a supervisee to engage in any substance abuse practice that the supervisee cannot competently perform.
- The supervisor shall not permit a supervisee to engage in any practice that the supervisor cannot competently supervise.
- All supervisors shall be legally and ethically responsible for the supervised activities of the substance use disorder professional supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases, or recommend to the supervisee's employer that the employer interrupt or stop the supervisee from practicing in given cases, and to terminate the supervised relationship, if necessary.

Signature of Applicant: Date: / /

CLINICAL SUPERVISOR OF SUBSTANCE ABUSE COUNSELORS-IN-TRAINING: 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.

The clinical supervisor shall provide supervision as required per Wis. Admin. Code § SPS 162.01.

Name of Employer:

Supervisor's Name:

Supervisor's Credential Number: -

Credential held by Supervisor:

Supervisor's Signature: Date: / /