

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935

4822 Madison Yards Way  
Madison, WI 53705

**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**E-Mail:** [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
**Website:** <http://dsps.wi.gov>

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

### SUMMARY OF POST-GRADUATE EXPERIENCE HOURS FOR CLINICAL SOCIAL WORK LICENSE

Name of Applicant: \_\_\_\_\_

APSW Credential # \_\_\_\_\_

Date Issued: \_\_\_\_\_

Identify and calculate your overall post-graduate experience hours by using the information supplied on Form #2560.

Name of Post-Graduate Clinical Experience Facility	Dates From - To	Number of Face-to-Face Client Hours	Number of Clinical Social Work Practice Hours
		<b>TOTAL:</b>	<b>TOTAL:</b>