

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

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 E-Mail: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING CLINICAL SUPERVISOR EDUCATION AND TRAINING

Complete this form for each course/seminar attended and return directly to DSPS. You may fax/email to: (608) 251-3036 or dspscreddsubstanceabuse@wisconsin.gov. Make additional copies of this form as needed. This form is **not** considered complete and will **not** be reviewed until the following additional documents are received at the Department:

- Proof of Attendance and Completion
 - Legible Transcript – Must show school name and your name (does not need to be an official transcript)
 - Legible Certificates – Must show your name, name of course, date taken or completed, and number of course hours. (Submit in the order they appear on the form.)
- Course descriptions for each course listed (Submit in the order they appear on the form.)

Note: For school courses, each one (1) course credit equals 15 hours. (For example, a 3-credit course is equivalent to 45 hours.)

The education for intermediate clinical supervisors and independent clinical supervisors must include 30 hours of classroom training in clinical supervision. This shall include a minimum of 6 hours of training in each of the following domains: (1) Assessment or evaluation; (2) Counselor development; (3) Management or administration; and (4) Professional responsibility (Wis. Admin. Code § [SPS 161.05](#)).

Type of credential: (check a box) Intermediate Clinical Supervisor Independent Clinical Supervisor

Last Name	First Name	MI	Former / Maiden Name(s)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title of Training	Training Offered by	Name of Trainer	Dates of Attendance (month/year)	Total Classroom Hours			
				Assessment or Evaluation hrs.	Counselor Development hrs.	Management of Administrator hrs.	Professional Responsibility hrs.
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The total number of contact hours submitted must equal at least 30 hours.				TOTALS:			