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

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

EMPLOYMENT or VOLUNTEER VERIFICATION FORM FOR SUPERVISED CLINICAL SUPERVISOR PRACTICE

Clinical supervision may be provided by a clinical supervisor-in-training, an intermediate or independent clinical supervisor, a physician knowledgeable in addiction treatment, or a psychologist knowledgeable in psychopharmacology and addiction treatment (Wis. Admin. Code § SPS 162.02).

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

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<th>Former / Maiden Name(s)</th>
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I am in a position or have an offer for a position, or an agreement authorizing volunteer hours as a clinical supervisor of counselors providing substance use disorder treatment services per Wis. Admin. Code § SPS 161.04(3).

- 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.

Applicant Signature: ___________________________ Date: __________/________/________

**CLINICAL SUPERVISOR OF CLINICAL SUBSTANCE ABUSE COUNSELOR-IN-TRAINING:** Complete section below and return directly to DSPS. You may fax or email with facility cover sheet or cover letter to (608) 251-3036 or dspsredsubstanceabuse@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: _________________________________

Profession Supervisor is Credentialed: ____________________________

Supervisor Signature: ___________________________ Date: __________/________/________

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Wis. Stat. ch. 440
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