

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

Ship To: 4822 Madison Yards Way
Madison, WI 53705

E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR APPLICATION BY RECIPROCITY FOR OUT-OF-STATE COUNSELORS, SUPERVISORS AND PREVENTION SPECIALISTS

Reciprocal Applicants:

A certification may be granted via reciprocity if an applicant holds a current credential in good standing as a substance abuse counselor, clinical supervisor, or prevention specialist or its equivalent in another state or U.S. territory, with requirements that are not lower than those specified in Wis. Admin. Code ch. SPS 161.

Wisconsin Statutes and Rules Examination:

All applicants are required to pass an online open book examination on the Wisconsin Statutes and Rules relating to practice as substance abuse counselors. The Wisconsin Statutes and Administrative Rules contain information needed to answer the exam questions and can be obtained from the Department website at <http://dsps.wi.gov> or on the Wisconsin State Legislature website at <http://docs.legis.wisconsin.gov/>. Applicants will receive an ID and password once their applications and fees are received and processed at the Department.

To view the status of your application, go to the Department website, dsps.wi.gov, and select “Self-Service,” then “Application Status.”

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APPLICATION FOR RECIPROCITY FOR OUT-OF-STATE
COUNSELORS, SUPERVISORS AND PREVENTION SPECIALISTS

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold this information from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
Address (street, city, state, zip) <input style="width:95%;" type="text"/>		Daytime Telephone Number <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>		Date of Birth <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/>	
Social Security Number <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional.			
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Email Address <input style="width:95%;" type="text"/>			
Have you ever held a license/credential in Wisconsin?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number:	
		<input style="width:95%;" type="text"/>	
Indicate the profession for which you are applying. You <u>must</u> choose <u>one</u> of the following:			
<input type="checkbox"/> SAC (Substance Abuse Counselor) (131)		<input type="checkbox"/> ICS (Intermediate Clinical Supervisor) (134)	
<input type="checkbox"/> CSAC (Clinical Substance Abuse Counselor) (132)		<input type="checkbox"/> ICS (Independent Clinical Supervisor) (135)	
<input type="checkbox"/> PS (Prevention Specialist) (137)			

APPLICATION FEES: Please check applicable box. Make check payable to DSPPS and attach to this application.

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)

Reciprocity (Individuals who hold a credential in another state or jurisdiction)
\$ 75.00 Initial Credential Fee
\$ 75.00 State Law Exam
\$150.00 Total Fee Attached

Convictions and Pending Charges Additional Fee (This fee only applies if Form #2252 is applicable.)
\$ 8.00 Total Fee Attached

For Receiving Use Only
(131, 132, 134, 135, 137)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- | | |
|---|---|
| <input type="checkbox"/> Application (Form #2786) and appropriate fee
<input type="checkbox"/> Letters from all State Boards or United States territories where licensed, active and inactive
<input type="checkbox"/> Wisconsin Statutes and Rules Examination
<input type="checkbox"/> Convictions and Pending Charges Form (#2252), if applicable | <input type="checkbox"/> Malpractice Suits or Claims Form (#2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable
<input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |
|---|---|

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (Form #2996). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (Form #2982).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov>. Select "Professions," then click on the hyperlink for your profession.

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license, certification, registration or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<u>If yes to question 4 above,</u> did you apply for a predetermination of a conviction or convictions? If yes, proceed to question 7. If no, submit Convictions and Pending Charges Form (#2252) and supporting documentation. Proceed to question 9.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

7.	<p><u>If yes to question 6 above, did you receive an approval letter?</u> If yes, proceed to question 8. If no, provide details for the “no” response on an attached sheet and proceed to question 9.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p><u>If yes to question 7 above, since the date of your approval letter</u> have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other including municipal ordinances resulting only in monetary fines, or forfeitures and convictions resulting from a plea of no contest, or a guilty plea or verdict? If yes, submit Convictions and Pending Charges Form #2252 and supporting documentation. Proceed to question 9. If no, do not submit Convictions and Pending Charges Form #2252 and proceed to question 9.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<p>Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<p>Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 70%; height: 20px;" type="text"/></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<p>Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 70%; height: 20px;" type="text"/></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<p>Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in Wisconsin Statutes? If yes, give details on an attached sheet.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	<p>Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? If yes, give details on an attached sheet.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

A citizen or national of the United States, or

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA).

For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /