

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsp@wisconsin.gov
Website: <http://dps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CERTIFICATE OF COMPLETION OF A DEPARTMENT APPROVED COMPREHENSIVE SUBSTANCE ABUSE EDUCATION PROGRAM

APPLICANT: COMPLETE TOP PORTION OF THIS FORM AND FORWARD TO THE SCHOOL IN WHICH YOU COMPLETED THE SUBSTANCE ABUSE PROGRAM. If you held a certificate from the Wisconsin Certification Board and obtained 100 or more hours of approved education prior to March 1, 2007, please contact the Department at 608-266-2112 prior to completing this form.

Please check a box: SAC-IT SAC CSAC

Last Name First Name MI Former/Maiden Name(s)

Address (street, city, state, zip)

Date of Birth / / Social Security # (Voluntary-For use by school to locate your records) - -

I hereby authorize the school named below to provide the Department with the information requested below.

Applicant Signature Date / /

SCHOOL: COMPLETE SECTION BELOW AND RETURN DIRECTLY TO DSPS. YOU MAY FAX/EMAIL WITH FACILITY COVER SHEET/LETTER TO: (608) 261-7083 or dspscresubstanceabuse@wisconsin.gov.

Name of School and Degree/Certificate/Program

The above named applicant has graduated from or completed: (please check a box below)

SAC-IT

- 100 hours of specialized education in the performance domains of assessment, counseling, case management, education and professional responsibilities as part of a comprehensive program approved by the Department (per Wis. Admin. Code Ch. SPS 166.07).

SAC/CSAC

- 360 hours of specialized education in substance use disorder counseling within a comprehensive program approved by the Department (per Wis. Admin. Code Ch. SPS 166.07).

Date of Graduation or Completion: / /

Was this program approved at the time of Graduation or Completion? Yes No

Signed Date / /

Title