

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
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**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### CERTIFICATE OF COMPLETION OF AN ORGANIZED EDUCATIONAL FIELD EXPERIENCE IN SUBSTANCE USE DISORDER TREATMENT

**APPLICANT: COMPLETE TOP PORTION OF THIS FORM AND FORWARD TO THE SCHOOL IN WHICH YOU COMPLETED THE SUBSTANCE ABUSE FIELD EXPERIENCE.**

Please check box:  SAC-IT

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: CERTIFY COMPLETION OF A FIELD EXPERIENCE FROM AN ACCREDITED SCHOOL BELOW AND RETURN DIRECTLY TO DSPS: YOU MAY FAX/EMAIL WITH FACILITY COVER SHEET/LETTER TO: (608) 261-7083 or [DSPSCredSubstanceAbuse@wisconsin.gov](mailto:DSPSCredSubstanceAbuse@wisconsin.gov).**

Name of School

**The above named applicant has completed an organized educational field experience in Substance Use Disorder Treatment.**  
Attach, on school letterhead, a description of the organized educational field experience.

Date of Completion:

/  /

Signed

Date

/  /

Title