

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

RE-REGISTRATION APPLICATION FOR SUBSTANCE ABUSE PROFESSIONALS

(For credentials expired five (5) years or more)

This application applies to the following credentials that have been expired for five (5) years or more:

- Substance Abuse Counselor (SAC)
- Clinical Substance Abuse Counselor (CSAC)
- Independent Clinical Supervisor (ICS)
- Intermediate Clinical Supervisor (ICS)
- Prevention Specialist (PS)

REQUIREMENTS FOR RENEWAL AFTER FIVE (5) YEARS:

- Pay renewal fee and late fee
 - Provide evidence of one of the following:
 - Hold a substantially equivalent credential in another state
- or**
- Provide satisfactory evidence of having completed sixty (60) hours of continuing education in the last two (2) years from the date of the application, including six (6) hours on ethics and boundaries and six (6) hours of psychopharmacology.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING RE-REGISTRATION APPLICATION FOR SUBSTANCE ABUSE COUNSELORS

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	MI <input style="width: 90%;" 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"/>
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: 20%;" type="text"/>
Social Security # <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 20%;" 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"/>			
WI Credential # <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>			

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

- SAC Certification (Substance Abuse Counselor)**
 \$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$ 100.00 Total Fee Attached
- CSAC Certification (Clinical Substance Abuse Counselor)**
 \$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$ 100.00 Total Fee Attached
- ICS Certification (Independent Clinical Supervisor)**
 \$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$ 100.00 Total Fee Attached
- ICS Certification (Intermediate Clinical Supervisor)**
 \$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$ 100.00 Total Fee Attached
- PS (Prevention Specialist)**
 \$ 75.00 Renewal Fee
\$ 25.00 Late Fee
\$ 100.00 Total Fee Attached
- Convictions and Pending Charges (additional Fee)**
\$8.00 Submit this fee if Form (#2252) is applicable

For Receipting Use Only
 (131/132/134/135/137)

Committed to Equal Opportunity in Employment and Licensing
Wisconsin Department of Safety and Professional Services

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions". Select your profession from the list and the select "Continuing Education Information".

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 Wisconsin 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.

ANSWER THE FOLLOWING QUESTIONS (attach additional sheets if necessary)

1.	Have you ever applied for and been denied a credential (license, certification or registration) in any profession? If yes, give details on an attached sheet, including the name of the profession and the licensing authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you ever surrendered or canceled your credential (license, certification, or registration) in lieu of disciplinary proceedings by the issuing authority in any profession in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Is disciplinary action pending against you in any jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	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. If yes, submit Convictions and Pending Charges (Form #2252).	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	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 Malpractice Suits and Claims form (#2829).	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	If yes to question 6 above, did you apply for a predetermination of the convictions? If YES, proceed to question 11. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	If yes to question 10, did you receive an approval letter? If YES, proceed to question 12. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	If yes to question 11, since the date of your approval letter have you 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. If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation. If NO, do not submit Convictions and Pending Charges Form #2252.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Wisconsin Department of Safety and Professional Services

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.

Applicant Signature: Date: / /