

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

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

LATE RENEWAL APPLICATION FOR SUBSTANCE ABUSE PROFESSIONALS **(for credentials expired 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 LATE RENEWAL APPLICATION FOR SUBSTANCE ABUSE COUNSELORS

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

| | | | |
|--|---|---|--|
| PLEASE TYPE OR PRINT IN INK | | <input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, telephone number, and e-mail address 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 code) <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 | | | |
| E-mail Address <input style="width: 95%;" type="text"/> | | | |
| WI Credential # <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"/> | | | |

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay with credit card see [Form 3071](#).

- SAC Certification (Substance Abuse Counselor)**
 \$ 60.00 Renewal Fee
 \$ 25.00 Late Fee
 \$ 85.00 Total Fee Attached
- CSAC Certification (Clinical Substance Abuse Counselor)**
 \$ 60.00 Renewal Fee
 \$ 25.00 Late Fee
 \$ 85.00 Total Fee Attached
- ICS Certification (Independent Clinical Supervisor)**
 \$ 60.00 Renewal Fee
 \$ 25.00 Late Fee
 \$ 85.00 Total Fee Attached
- ICS Certification (Intermediate Clinical Supervisor)**
 \$ 60.00 Renewal Fee
 \$ 25.00 Late Fee
 \$ 85.00 Total Fee Attached
- PS (Prevention Specialist)** **Convictions and Pending Charges (additional fee)**
 \$ 60.00 Renewal Fee \$8.00 Submit this fee if Form (#2252) is applicable
 \$ 25.00 Late Fee
 \$ 85.00 Total Fee Attached

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

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 have provided to the Department of Safety and Professional Services change.

Applicant Signature: Date: / /
(Print and Sign Form)