

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

APPLICATION FOR SUBSTANCE ABUSE SPECIALTY AUTHORIZATION

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, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>	
Address (street) (city) (state) (zip code)		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>		
Mailing Address (if different) (street) (city) (state) (zip code)		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>		
E-mail Address <input type="text"/>				
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security 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				
GENDER: <input type="checkbox"/> M <input type="checkbox"/> F				
List the Wisconsin Social Work License that you want the specialty added to: (only one profession per application).				
License Number: <input type="text"/>				
<input type="checkbox"/> I hold a credential as a Social Worker (SW) (permanent or temporary) or a Social Work Training Certificate (SWTC) and have completed at least 180 contact hours of substance use disorder education and a minimum of 1,000 of face-to-face substance use disorder treatment experience, under the supervision of a qualified supervisor, with individuals diagnosed with substance use disorders. Supervised hours can either be the same as or separate from the hours obtained for the credential issued by the Board. Complete Form #2712 and Form #2713.				

APPLICATION FEE: Please check applicable box.

- Initial Credential Fee for Substance Abuse Specialty Authorization** (This fee is not required if you hold the Specialty Authorization under a different credential.)
\$ 60.00 Total Initial Credential Fee Attached

For Receiving Use Only (See license number above)

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #2711**) and appropriate fee
- Convictions and Pending Charges (**Form #2252**), if applicable.
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.
- SW or SWTC, (**Form #2712**) and (**Form #2713**)
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable

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

1.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and required documentation.	<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.	Have you ever surrendered, resigned, canceled, or been denied a professional license 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
4.	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
5.	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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been terminated from employment related to the practice of Marriage and Family Therapy, Professional Counseling or Social Work? If yes, give details on an attached sheet.	<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 have provided to the Department of Safety and Professional Services change.

Signature: **Date:** / /

(If unable to provide a digital signature print and sign form.)