

# Wisconsin Department of Safety and Professional Services

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## REQUEST FOR APPROVAL OF A SUBSTANCE ABUSE COUNSELOR PRE-CERTIFICATION EDUCATION PROGRAM

Completion of this form is required for all providers applying for Substance Abuse Counselor program approval. You must submit a program proposal with this form which will be used to determine if the program complies with standards listed in Chapter SPS 166, Wis. Adm. Code.

Substance abuse counselor education program information:

School Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Substance Abuse  
Program Administrator: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Type of Substance Abuse Counselor program (select one):

\_\_\_\_\_ Comprehensive 360 hour program coordinated by a single provider that is not part of a degree in an accredited institution. If approved, the provider shall resubmit the program for approval every 2 years.

\_\_\_\_\_ Comprehensive 360 hour program that is part of a degree in an accredited institution. If approved, the provider shall resubmit the program for approval every 5 years.

Please attach the written program proposal. You will be contacted if additional information is required before the department reviews the program for approval.

NOTE: You may make no plans for admission of students or release publicity until the department has approved the program proposal and notified you of the approval in writing.

By signing this application below, you are indicating that the proposed program complies with SPS 166 of the Wis. Adm. Code.

\_\_\_\_\_  
Signature of Substance Abuse Program Administrator

\_\_\_\_\_  
Date