

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

4822 Madison Yards Way
Madison, WI 53705

FAX #: (608) 251-3036
Phone #: (608) 266-2112

E-Mail: web@dsps.wi.gov
Website: <http://dsps.wi.gov>

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

SUMMARY OF POST-GRADUATE EXPERIENCE HOURS FOR CLINICAL SOCIAL WORK LICENSE

Name of Applicant: _____

APSW Credential # _____

Date Issued: _____

Identify and calculate your overall post-graduate experience hours by using the information supplied on Form #2560.

Name of Post-Graduate Clinical Experience Facility	Dates From - To	Number of Face-to-Face Client Hours	Number of Clinical Social Work Practice Hours
		TOTAL:	TOTAL: