

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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FAX #: (608) 251-3036
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INFORMATION FOR COMPLETING MUSIC, ART, OR DANCE THERAPIST** **APPLICATION TO PRACTICE PSYCHOTHERAPY**

A person registered as a Music, Art, or Dance Therapist may be granted a license to practice psychotherapy by meeting certain additional qualifications established under Wis. Admin. Code § SPS 140 through § SPS 142.

- If you are not already registered as a Music, Art, or Dance Therapist with this Department and are applying for a license to practice psychotherapy, please complete the application for registration (Form #2425) and this application for licensure.
- If you are already registered as a Music, Art, or Dance Therapist with this Department and are now applying for a license to practice psychotherapy, please complete this form.
- If you are applying for registration only, please do not complete this form.

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

- **Application (Form #2575):** Complete and submit the application and attach the appropriate fee(s).
- **Complete and submit Affidavit of Supervisor (Form #2586).**
- **Certificate of Professional Education (Form #2585)** this form must be completed by your professional school and returned directly to the Department.
- **Verification of Licensure:** Letters from all state boards where you have held a license must be submitted directly to the Department from each state.
- **Request for Verification of Certification, Registration, or Accreditation (Form #2426):** Complete and forward to the organization where you are certified, registered, or accredited.
- **Wisconsin Statutes and Rules Examination**
- **Convictions and Pending Charges (Form #2252):** attach if applicable.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

MUSIC, ART, OR DANCE THERAPIST LICENSE TO PRACTICE PSYCHOTHERAPY APPLICATION

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 or 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"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input 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			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Music, Art, or Dance Therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
E-mail Address <input type="text"/>			

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

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Exam Applicants**
\$ 68.00 Initial Credential Fee
\$ 75.00 State Law Exam
\$143.00 Total Fee Attached
- Reciprocal Applicants**
\$ 68.00 Reciprocal Initial Credential Fee
\$ 75.00 State Law Exam
\$143.00 Total Fee Attached

For Receiving Use Only (36/37/38)

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #2575**) and appropriate fee
- Letters from all State Boards where licensed, active and inactive
- Complete and submit Affidavit of Supervisor (**Form #2586**)
- Certificate of Professional Education (**Form #2585**) Form must be completed by your professional school and returned directly to the Department.
- Wisconsin Rules and Statutes Exam
- Request for Verification of Certification, Registration or Accreditation (**Form #2426**) Complete and forward to the organization where you are certified, registered, or accredited.
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions," then click on the hyperlink for your profession.

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 Department. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

Complete the appropriate section below:

MUSIC THERAPIST:

- I am a Music Therapist Registered with the Wisconsin Department of Safety and Professional Services (or with this application will become so registered). Registration #: _____
- I hold a Master's or Doctorate degree in Music Therapy from a program approved by the American Music Therapy Association (AMTA), or a Master's or Doctorate degree in a related field recognized and accepted by the AMTA and the Certification Board for Music Therapists.
Degree: _____ Date: ____/____/____
Institution: _____
- I have completed 3,000 hours of Music Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.
My primary supervisor was: Name: _____
Credential: _____
Credential Number: _____
My primary supervisor was not a registered Music Therapist. I therefore received additional supervision from a registered Music Therapist as my secondary supervisor, for at least 1,500 hours of Music Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)
My secondary supervisor was: Name: _____
Credential: _____
Credential Number: _____
- I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor,) to be sent directly to the Department of Safety and Professional Services.
- I have passed the examination required for certification by the Certification Board of Music Therapists (CBMT), and have contacted the CBMT to verify that directly to the Department of Safety and Professional Services; or I hold registry from the National Music Therapy Registry (NMTR) and have contacted the NMTR to verify that directly to the Department of Safety and Professional Services.

Wisconsin Department of Safety and Professional Services

Complete the appropriate section below:

ART THERAPIST:

- I am an Art Therapist Registered with the Wisconsin Department of Safety and Professional Services (WATR) (or with this application will become so registered). Registration #:
- I hold a Master's or Doctorate degree in Art Therapy from a program approved by the American Art Therapy Association (AATA), or a Master's or Doctorate degree in a related field recognized and accepted by the AATA and the Certification Board for Music Therapists.
- Degree: Date: / /
- Institution:
- I have completed 3,000 hours of Art Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.
- My primary supervisor was:
- Name:
- Credential:
- Credential Number:
- My primary supervisor was not a registered Art Therapist. I therefore received additional supervision from a registered Art Therapist as my secondary supervisor, for at least 1,500 hours of Art Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)
- My secondary supervisor was:
- Name:
- Credential:
- Credential Number:
- I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor,) to be sent directly to the Department of Safety and Professional Services.
- I have passed the examination required for certification by the Art Therapy Credentials Board (ATCB) and have contacted the ATCB to verify that directly to the Department of Safety and Professional Services.

DANCE THERAPIST:

- I am a Dance Therapist Registered with the Wisconsin Department of Safety and Professional Services (WDTR) (or with this application will become so registered). Registration #:
- I hold a Master's or Doctorate degree in Dance Therapy or Dance/Movement Therapy approved by the American Dance Therapy Association (ADTA), or have fulfilled the requirements of a program recognized by the ADTA as equivalent to a master's or doctorate degree in dance therapy or dance/movement therapy.
- Degree: Date: / /
- Institution:
- I have completed 3,000 hours of Dance Therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and the primary supervisor met with me an average of one hour per week during the supervised practice period.
- My primary supervisor was:
- Name:
- Credential:
- Credential Number:
- My primary supervisor was not a registered Dance Therapist. I therefore received additional supervision from a registered Dance Therapist as my secondary supervisor, for at least 1,500 hours of Dance Therapy. (The supervision by primary and secondary supervisors may occur during the same period.)
- My secondary supervisor was:
- Name:
- Credential:
- Credential Number:
- I have provided copies of the supervised practice form to my primary supervisor (and if appropriate, to my secondary supervisor,) to be sent directly to the Department of Safety and Professional Services.
- I have passed the National Board for Certified Counselors (NBCC) examination or other certification examination approved by the American Dance Therapy Association (ADTA) and have contacted NBCC or ADTA to verify that directly to the Department of Safety and Professional Services.

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.

Signature: Date: / /

(Print and Sign Form)