

Wisconsin Department of Safety and Professional Services

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

APPLICATION TO RENEW A PROFESSIONAL COUNSELOR TRAINING LICENSE

NOTE: Use this form to renew a professional counselor training license. To renew a marriage and family therapist training license, use Form 2921MFT.

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, 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		First Name		MI	Former / Maiden Name(s)		
Email Address				Daytime Telephone Number			
				[][][] - [][][] - [][][][][]			
Address (number/street)			(city)		(state)	(zip code)	
Training License Number		Grant Date			Expiration Date		
		[][] / [][] / [][][][]			[][] / [][] / [][][][]		
AFFIDAVIT OF APPLICANT: I, the above-named applicant, state and affirm that: <input type="checkbox"/> I hold or have held a Professional Counselor Training License issued by the Section. <input type="checkbox"/> All previous application information I provided to the Section for the Professional Counselor Training License is still current, accurate, and valid. <input type="checkbox"/> I request that the application information referenced above be transferred to this application for the renewal of my Professional Counselor Training License. <input type="checkbox"/> I have completed and submitted Professional Counselor Post-Graduate Supervisor Approval (Form #2456)							
<input type="checkbox"/> Attach to this application a statement explaining why you need additional time to complete the hours of professional counselor practice experience required under Wis. Admin. Code § MPSW 11.01(3) . Please note, upon review, the Professional Counselor Section may request additional information under Wis. Admin. Code §§ MPSW 11.015(2) and 12.02(1) .							
The Professional Counselor Training License satisfies all requirements of Wis. Stat. § 457.13 . A training license is valid for 48 months and may be renewed at the discretion of the Professional Counselor Section. Provision of false information on an application may be grounds for revocation of the credential.							

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

- Professional Counselor Training License** (This fee is required if you already have a Professional Counselor Training License issued.)
\$60.00 Total Required Fee Attached

For Receiving Use Only (226)

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: (If unable to provide a digital signature, please print and sign form.)	Date:
	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>