

# Wisconsin Department of Safety and Professional Services

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

### MARRIAGE AND FAMILY THERAPISTS CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PROFESSIONAL SCHOOL AND RETURNED DIRECTLY TO THE  
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD  
AT THE ABOVE ADDRESS.

<b>APPLICANT - Please complete this section.</b>	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* _____-_____-_____
ADDRESS (City, State, Zip) _____	Date of Diploma ___/___/___

<b>CERTIFYING SCHOOL - Please complete this section.</b>	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
<input type="checkbox"/> VERIFICATION OF ENROLLMENT – CURRENTLY ENROLLED	ANTICIPATED DATE OF GRADUATION _____
<p style="text-align: center;"><u>OR</u></p> <input type="checkbox"/> VERIFICATION OF DEGREE COMPLETION - INCLUDING DEGREE FOCUS _____	DATE OF DEGREE COMPLETION _____
WAS THIS SCHOOL REGIONALLY ACCREDITED AT THE TIME THE APPLICANT RECEIVED THIS DEGREE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS THIS SCHOOL ACCREDITED BY THE COAMFTE AT THE TIME THE APPLICANT RECEIVED THIS DEGREE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the above information is true.

\_\_\_\_\_  
Signature of Dean or Department Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*Voluntary, for use in the school locating your records.

**SCHOOL SEAL**