

Wisconsin Department of Safety and Professional Services

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

SOCIAL WORK SECTION

ACADEMIC VERIFICATION FORM (PREGRADUATION)

The Wisconsin Statutes and Rules regulating the Social Work profession permit an applicant for certification as a Social Worker or an Advanced Practice Social Worker to take the required national social work examination prior to graduation if he or she is a student in good standing and within six months of anticipated graduation. This form serves the purpose of notifying the Social Worker Section of the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board of that status.

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last)	Social Security Number ____ - ____ - _____ Voluntary, for use by school to locate your records
ADDRESS (City, State, Zip)	Expected Date of Diploma ___ / ___ / ___

CERTIFYING SCHOOL - Please complete this section.

I verify that the applicant named above

is a student in good standing with _____ and
(name of institution)

is within six months of anticipated completion of requirements for graduation.

Anticipated degree and major: _____

Anticipated graduation date: _____

Date: _____ Signature: _____

Dean or Department Head

Title

Date

Note: This form may be used by applicants for certification as a (basic-level) Social Worker and as an Advanced Practice Social Worker who wish to take the national social work examination prior to graduation. Applicants for certification as an Independent Social Worker or as a Clinical Social Worker may not take the exam prior to graduation and may not use this form.