

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
 Madison, WI 53708-8935  
**FAX #:** (608) 261-7073  
**Phone #:** (608) 266-0145

1400 E. Washington Avenue  
 Madison, WI 53703  
 E-Mail: [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
 Website: <http://dsps.wi.gov>

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

### APPLICATION TO ENGAGE IN PSYCHOMETRIC TESTING

Applicant Name: \_\_\_\_\_  

Last Name
First Name
MI

Credential Type: \_\_\_\_\_ Credential # \_\_\_\_\_

Under the rules promulgated jointly by the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board and the Psychology Examining Board, an LMFT, LPC or LCSW may engage in psychometric testing, including the use of a test for diagnostic purposes, only if the appropriate section of the board has received and approved the following information demonstrating generic and specific qualifications to perform psychometric testing listed, as stated in both (a) and (b) below. A person credentialed by the board may not use a test instrument for diagnostic or assessment purposes unless the board receives and approves the information as stated in (b) below.

- (a) Academic training at the graduate or post-graduate level that covered:
  - descriptive statistics
  - reliability and measurement error
  - validity and meaning of test scores
  - normative interpretation of test scores
  - selection of appropriate test(s)
  - test administration procedures
  - ethnic, racial, cultural, gender, age and linguistic variables
  - testing individuals with disabilities
- (b) An affidavit (Form #2579) from a professional qualified to supervise psychometric testing stating that the individual licensee has acquired supervised experience and acquired specific qualifications for the responsible selection, administration, scoring and interpretation of one or more particular psychometric tests including, if appropriate, use of the test(s) in particular settings or for specific purposes. Particular settings include an employment context, an educational context, a career and vocational counseling context, a health care context or a forensic context. Specific purposes include classification, description, prediction, intervention planning, tracking, training and supervision.

I have had academic training at the graduate or post-graduate level that covered the topics below and have attached transcripts from each institution listed below:

Course Title	Course #	Institution	# of Credits	Time Period	Topics
					descriptive statistics
					reliability/measurement error
					validity/meaning of test scores
					normative interpretation of test scores
					selection of appropriate test(s)
					test administrative procedures
					ethnic, racial, cultural, gender, age and linguistic variables
					testing individuals with disabilities

# Wisconsin Department of Safety and Professional Services

As attested by **Affidavit Of Supervisor In Support Of Application To Engage In Psychometric Testing Form #2579**,

\_\_\_\_\_, is a professional qualified to supervise  
(Supervisor Name who will be submitting Form #2579)

psychometric testing who has the education, experience and training to select, administer, score and interpret specific tests. I have acquired supervised experience and specific qualifications for the responsible selection, administration, scoring and interpretation of the following psychometric tests in the following settings, for the following specific purposes:

Test	Setting(s)	Purpose(s)	Number of Administrations

**NOTE: Supervisor must submit Form #2579 directly to the Department in order to complete this application.**

## 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've provided to the Department of Safety and Professional Services change.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_