

Wisconsin Department of Safety and Professional Services

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E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVITT OF SUPERVISOR MUSIC, ART, OR DANCE THERAPIST LICENSE TO PRACTICE PSYCHOTHERAPY

SUPERVISOR: Return completed form (#2586) for the Applicant named below and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredoptometry@wisconsin.gov.

Applicant's Name

Supervisor's Name

Supervisor's Credential Type:

Supervisor's Credential Number:

Date Credential Issued:

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Primary Supervisor:

Complete this section if you were the applicant's Primary Supervisor. (i.e. you are a person licensed to practice psychotherapy and you supervised the applicant in his or her practice of music, art, or dance therapy practiced as psychotherapy.)

I affirm under oath that the above-named applicant has engaged in at least 3,000 hours of the practice of:

- Music Therapy
- Art Therapy
- Dance Therapy

as psychotherapy under my supervision, and that I met with the applicant an average of one hour per week during the supervised practice period.

Signature

Secondary Supervisor:

Complete this section if you were the applicant's Secondary Supervisor. (i.e. you are a registered music, art or dance therapist, not licensed to practice psychotherapy, and you supervised the applicant in his or her practice of music, art, or dance therapy.)

I affirm under oath that the above-named applicant has engaged in at least 1,500 hours of the practice of:

- Music Therapy
- Art Therapy
- Dance Therapy

under my supervision, and that I met with the applicant an average of one hour per week during the supervised practice period.

Signature

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Date

 / /

Date