

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVIT REGARDING SUPERVISED COUNSELING EXPERIENCE FOR CLINICAL SUPERVISOR

(To be completed by supervisor only)

APPLICANT: Complete this Section and forward to your Supervisor.

Type of credential applying for: (check a box) CSIT Intermediate CS Independent CS

Last Name First Name MI Former / Maiden Name(s)

Signature of Applicant: Date: / /

SUPERVISOR: Complete section below and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspd@wisconsin.gov.

Name of Agency where work experience was gained:

Address of Agency where supervised experience was gained: (city, state, zip):

Supervisor's Name:

Supervisor's Credential Number: -

Profession Supervisor is Credentialed:

Beginning and Ending dates of this supervised professional substance abuse counseling experience:

From: / / To: / /

Check statement that applies:

CSIT/Intermediate CS

I am a supervisor holding the credential named above and I have supervised the above applicant within 5-years immediately preceding date of application with at least 2,000 hours of patient counseling work experience performing the eight (8) practice dimensions (clinical evaluation, treatment planning, referral, service coordination, counseling, patient family and community education, documentation, professional and ethical responsibilities) with individuals diagnosed with substance use disorders including 200 hours in direct face-to-face substance abuse patient counseling.

Independent CS

I am a supervisor holding the credential named above and I have supervised the above applicant within 5-years immediately preceding date of application with individuals diagnosed with at least 10,000 hours of patient counseling work experience performing the 8 practice dimensions (clinical evaluation, treatment planning, referral, service coordination, counseling, patient family and community education, documentation, professional and ethical responsibilities) with individuals diagnosed with substance use disorders.

Education Equivalency

The Applicant is counting a degree of
as equivalency for hours of supervised experience.

I swear that the foregoing information is true and accurate, that the candidate for licensure has met the requirements of Wis. Admin. Code § SPS 161 and I am knowledgeable in psychopharmacology and addiction treatment.

Signature: Date: / /

(Signature of a current supervisor is acceptable, even if the experience was completed at a previous place of employment.)