

Wisconsin Department of Safety and Professional Services

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PROFESSIONAL ASSISTANCE PROCEDURE

APPLICATION FOR PARTICIPATION

The Professional Assistance Procedure (PAP) is a non-disciplinary monitoring program that may be offered to credential holders when alcohol and/or drug abuse allegations have been made. It has been determined that you may be eligible to participate in PAP. If eligible, it will be necessary for you to sign an *Agreement for Participation* that describes the requirements for participation, as well as a statement of facts which may be used as a basis for further action upon violation of the *Agreement for Participation*. Compliance with the *Agreement for Participation* allows you to obtain/retain your professional credential, subject only to possible work restrictions deemed necessary. Provided you comply with the *Agreement for Participation*, action will not be pursued. Participation in PAP will not, however, bar investigation of or disciplinary action based upon information or allegations of misconduct.

Participation in PAP is voluntary. The alternative is to refer to the board for further action. By completing this application, you are expressing your desire to be considered for participation in PAP.

Please Print Clearly

APPLICANT

Name: _____
Last First Middle License #

Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

EMPLOYMENT

Current Employer: _____

Employer Address: _____
Street

City State Zip Code

Work Supervisor: _____
Last First Middle

Phone number: (____) _____

Dates of Employment: _____ Work hours: _____
Month / Day / Year

May we contact this employer? Yes No

If less than 2 years, prior employer: _____

Work Supervisor: _____ Phone Number: (____) _____
Last First Middle

May we contact this employer? Yes No

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On a separate sheet of paper, describe your present professional practice.

Arrange for your supervisor to submit a letter summarizing your job duties, job performance and any information the employer has regarding the event that resulted in your referral to PAP.

TREATMENT

Current treatment facility: _____

Address: _____

Street

City

State

Zip Code

Name of therapist: _____

Last

First

Middle

Phone number: (____) _____

Submit a copy of a current assessment, discharge summary and aftercare plan.

List all treatment programs you completed in the past (provide dates of each).

Do you attend AA/NA or other self-help groups? ____ Yes ____ No How many per week? _____

Do you have a sponsor? ____ Yes ____ No How many contacts per week? _____

List all other states in which you hold licenses to practice: _____

Are you or have you been subject to discipline and/or monitoring in this state or any other? ____ Yes ____ No

If yes, provide a copy of the consent order/contract and written verification of your compliance.

Are you currently, or have you ever been subject to any criminal proceedings in this state or any other? ____ Yes ____ No

Are you currently, or have you ever been subject to any civil suits in this state or any other? ____ Yes ____ No

If so, describe all actions in detail on a separate sheet and submit relevant records

If you self-reported to PAP, are you aware of whether your employer or anyone else has or intends to file a complaint against you? ____ Yes ____ No

On a separate sheet of paper, explain the circumstances in detail that brought you to the PAP.

I, the above-named applicant, affirm that all the statements herein contained are each and all strictly true in every respect. I understand that any false or misleading information in, or in connection with, my application may lead to disciplinary actions and dismissal from the Professional Assistance Procedure.

Signature _____ Date _____