

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## MARRIAGE AND FAMILY THERAPISTS CERTIFICATE OF PROFESSIONAL EDUCATION

### EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

THIS FORM MUST BE COMPLETED BY YOUR PROFESSIONAL SCHOOL AND  
RETURNED DIRECTLY TO THE EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY  
THERAPISTS AND PROFESSIONAL COUNSELORS AT THE ABOVE ADDRESS.

<b>APPLICANT - Please complete this section.</b>	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - ____
ADDRESS (City, State, Zip) _____	Date of Diploma ___ / ___ / ___

<b>CERTIFYING SCHOOL - Please complete this section.</b>	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED - INCLUDING DEGREE FOCUS _____	MAJOR _____
DATE OF DIPLOMA _____	
WAS THIS SCHOOL REGIONALLY ACCREDITED AT THE TIME THE APPLICANT RECEIVED THIS DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS THIS SCHOOL ACCREDITED BY THE COAMFTE AT THE TIME THE APPLICANT RECEIVED THIS DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I certify that the above information is true.

\_\_\_\_\_  
Signature of Dean or Department Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*Voluntary, for use in the school locating your records.

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Ch. 457, Stats.

**SCHOOL SEAL**