

Wisconsin Department of Regulation & Licensing

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

SUMMARY OF POST-GRADUATE EXPERIENCE HOURS FOR CLINICAL SOCIAL WORK LICENSE

Name of Applicant: _____

APSW Credential # _____

Date Issued: _____

Identify and calculate your overall post-graduate experience hours by using the information supplied on Form #2560.

Name of Post-Graduate Clinical Experience Facility	Dates From - To	Number of Face-to-Face Client Hours	Number of Clinical Social Work Practice Hours
		TOTAL:	TOTAL: