

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

License Portal: <https://license.wi.gov/>

Email: dsps@wisconsin.gov

Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

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

APPLICANT: Complete this section and submit to your supervisor. Form must be returned directly from the supervisor to the Department.

Applicant's Name

Application Number

SUPERVISOR: Complete this section for the above-named applicant and return directly to the Department using the License Third-Party Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

Supervisor's Name

Facility Name

Facility Phone Number

Facility Address

(street/number)

(city)

(state)

(zip code)

Supervisor's Credential Type:

Supervisor's Credential Number:

Date Credential Issued:

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

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 (If unable to provide a digital signature, print and sign form.)

Title

Date

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 (If unable to provide a digital signature, print and sign form.)

Title

Date