

Wisconsin Department of Safety and Professional Services

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E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVIT REGARDING WORK EXPERIENCE FOR A PREVENTION SPECIALIST

APPLICANT: COMPLETE THIS SECTION AND FORWARD TO YOUR EMPLOYER.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Agency where work experience was gained:

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

Beginning and Ending dates of the Prevention Specialist-In-Training experience:

From: / / To: / /

I have completed the above hours with at least 2,000 hours of work experience as a Prevention Specialist-In-Training with a minimum of 100 hours of work experience in each prevention domain area.

Signature of Applicant: Date: / /

EMPLOYER: COMPLETE THIS SECTION AND RETURN DIRECTLY TO DSPS. YOU MAY FAX/EMAIL WITH FACILITY COVER SHEET/LETTER TO: (608) 261-7083 or DSpscSubstanceAbuse@wisconsin.gov.

I verify that the applicant has completed the above hours of work experience.

Signature of Agency Representative: Date: / /