

## APPLICATION FOR INDIVIDUAL PROVIDER STATUS APPROVAL

Outpatient psychotherapy clinics certified under DHS 61.91, Wis. Admin. Code, must maintain the minimum personnel and service requirements specified in DHS 61.96 and DHS 61.97, Wis. Admin. Code. Staff meeting those requirements may also qualify as a provider for purposes of third party insurance for mandated benefits (per Chapter 632.89, Wis. Stats.) and for community service payments made to county-contracted providers (per Chapter 51.42, Wis. Stats.).

This application is required for providers that need confirmation that their master's level course work and post-master's supervised clinical experience meet the minimum requirements identified in DHS 61.96 and 61.97, Wis. Admin. Code. This process is distinct from the licensure process established through the Department of Regulation and Licensing for Social Workers, Marriage and Family Therapists, and Professional Counselors.

If you wish to obtain individual certification and an MA provider number, you will also need to contact Electronic Data Systems (EDS) / Provider Maintenance Unit / Medical Assistance Fiscal Intermediary at **1-800-947-9627**. Approval as an insurance or outpatient psychotherapy provider under DHS 61.96(2) and (3), Wis. Admin. Code, does not automatically extend to MA approval.

Completion and submission of this form is voluntary.

Personal information collected on this form will be used during the review process and is subject to disclosure under Wisconsin's Open Records Law.

If you have questions about the completion of this form or the accompanying DQA form F-62570, *Supervisor Affidavit*, call **608-261-0656**

A pdf version of form F-62570 is directly available at: <http://www.dhs.wisconsin.gov/forms1/F6/F62570.pdf>

A Word and pdf versions can also be located in the numerical forms list at:

<http://www.dhs.wisconsin.gov/forms/DQAnum.asp>

Return the completed form(s) to: **Division of Quality Assurance  
ATTN: Chief, BHC Section  
P.O. Box 2969  
Madison, WI 53701-2969**

### I. APPLICANT CONTACT INFORMATION

Name - Applicant	Telephone Number	E-mail Address		
Mailing Address	City	State	ZIP Code	

### II. QUALIFYING ACADEMIC INFORMATION - MASTER'S DEGREES(S)

Name of Educational Institution	Degree Attained	Date Conferred

If you have standing in any of the following, (1) check the applicable box, (2) skip Sections II and III, and (3) submit verification, i.e., a copy of certificate from the organization.

- National Registry of Health Care Providers in Clinical Social Work
- National Academy of Certified Mental Health Counselors
- National Register of Health Care Providers in Psychology
- National Board of Certified Counselors with Certified Clinical Mental Health Counseling (CCMHC) approval

**III. POST MASTER’S CLINICAL EXPERIENCE**

Name of Facility	Dates		Supervisor / Degree
	From	To	

**IV. PAID PRE-MASTER’S SOCIAL WORK EXPERIENCE IN PSYCHIATRIC / INPATIENT PROGRAMS**

Name of Facility	Dates		Supervisor / Degree
	From	To	

**V. ATTESTATION**

I swear that the information provided on this application is true and correct.

<b>SIGNATURE</b> – Applicant	Date Signed
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The following items are enclosed:

- Copy of diploma
- Official copy of college transcript(s) of Master’s and / or Ph.D. (Psy.D) coursework
- Supervisor Affidavit(s)
- Copy of certificate(s) validating membership in professional organization(s)

**VI. REQUIREMENTS FOR INDIVIDUAL PROVIDER STATUS APPROVAL**

To qualify as a master’s level psychotherapy provider, persons employed by outpatient psychotherapy clinics must meet the following requirements:

1. An acceptable and appropriate master's degree from an accredited college or university:
  - A social worker with a master's degree from a graduate school of social work accredited by the Council on Social Work Education (**with clinical emphasis**, rather than administrative, research, or other course emphasis);
  - Master's degree in psychiatric mental health nursing from a graduate school of nursing accredited by the National League for Nursing;
  - Master's degree and course work in psychology, clinical psychology, school psychology, counseling and guidance, counseling psychology, or another behavioral science or related field. **NOTE:** Master's degrees in the behavioral sciences or related fields include a minimum of 60% (or 28 semester hours) of graduate course credit in mental health theory and supervised clinical practicum that is documented by an official transcript.
2. Three thousand (3,000) hours of supervised clinical practice experience is required for all masters’ degreed individuals. This experience shall have been gained **after** the granting of a master's degree [or before, if the individual had an appropriate bachelor's degree and was in a paid position as a mental health employee (including social worker)]. The clinical experience must have been gained providing psychotherapy to clients diagnosed as mentally ill under DSM-IV. Experiences providing AODA counseling to clients will count **only** if clients were diagnosed using DSM-IV criteria. A maximum of 750 hours may be earned providing AODA services as a CADC II or CADC III. All other requirements must be met before these hours will be counted.

**Psychotherapy – Clinical Practice**

Clinical practice experience means psychotherapeutic “eyeball-to-eyeball” contact with diagnosed mentally ill clients and any activity associated with that contact (e.g., assessments, evaluation, the writing of treatment plans, progress notes, supervision). It does not mean **all** job experiences in a social services setting or as a school social worker or those duties whereby a person might have performed a variety of tasks (e.g., grant writing, prevention, talking to local groups). However, if there is documented evidence that clinical practice experience obtained in a social services or school setting was supervised by a qualified staff (e.g., psychiatrist, licensed psychologist, MSW, or masters degreed psychiatric nurse), the hours may be approved for provider status certification.