

# Wisconsin Department of Safety and Professional Services

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## PROFESSIONAL ASSISTANCE PROCEDURE

### APPLICATION FOR PARTICIPATION

The Professional Assistance Procedure (PAP) is a non-disciplinary monitoring program that may be offered to credential holders when alcohol and/or drug abuse allegations have been made. It has been determined that you may be eligible to participate in PAP. If eligible, it will be necessary for you to sign an *Agreement for Participation* that describes the requirements for participation, as well as a statement of facts which may be used as a basis for further action upon violation of the *Agreement for Participation*. Compliance with the *Agreement for Participation* allows you to obtain/retain your professional credential, subject only to possible work restrictions deemed necessary. Provided you comply with the *Agreement for Participation*, action will not be pursued. Participation in PAP will not, however, bar investigation of or disciplinary action based upon information or allegations of misconduct.

**Participation in PAP is voluntary. The alternative is to refer to the board for further action. By completing this application, you are expressing your desire to be considered for participation in PAP.**

#### Please Print Clearly

#### APPLICANT

Name: \_\_\_\_\_  
Last First Middle License #

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

#### EMPLOYMENT

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street

City State Zip Code

Work Supervisor: \_\_\_\_\_  
Last First Middle

Phone number: (\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Work hours \_\_\_\_\_  
Month / Day / Year

If less than 2 years, prior employer: \_\_\_\_\_

Work Supervisor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Last First Middle

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*On a separate sheet of paper, describe your present professional practice.*

*Arrange for your supervisor to submit a letter summarizing your job duties, job performance and any information the employer has regarding the event that resulted in your referral to PAP.*

## **TREATMENT**

Current treatment facility: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Name of therapist: \_\_\_\_\_

Last

First

Middle

Phone number: (\_\_\_\_) \_\_\_\_\_

***Submit a copy of a current assessment, discharge summary and aftercare plan.***

***List all treatment programs you completed in the past (provide dates of each).***

Do you attend AA/NA or other self-help groups?     Yes     No    How many per week? \_\_\_\_\_

Do you have a sponsor?     Yes     No    How many contacts per week? \_\_\_\_\_

List all other states in which you hold licenses to practice: \_\_\_\_\_

Are you or have you been subject to discipline and/or monitoring in this state or any other?     Yes     No

**If yes, provide a copy of the consent order/contract and written verification of your compliance.**

Are you currently, or have you ever been subject to any criminal proceedings in this state or any other?     Yes     No

Are you currently, or have you ever been subject to any civil suits in this state or any other?     Yes     No

**If so, describe all actions in detail on a separate sheet and submit relevant records**

If you self-reported to PAP, are you aware of whether your employer or anyone else has or intends to file a complaint against you?     Yes     No

**On a separate sheet of paper, explain the circumstances in detail that brought you to the PAP.**

I, the above-named applicant, affirm that all the statements herein contained are each and all strictly true in every respect. I understand that any false or misleading information in, or in connection with, my application may lead to disciplinary actions and dismissal from the Professional Assistance Procedure.

Signature \_\_\_\_\_ Date \_\_\_\_\_