

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE SOCIAL WORK SECTION OF THE MARRIAGE AND FAMILY
THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING
BOARD

IN THE MATTER OF THE APPLICATION OF :

JENNIFER L. THOMPSON,
APPLICANT

:
:
:
:
:
:

ORDER GRANTING LIMITED LICENSE

TO: Jennifer Thompson
5425 W. Martin Drive, #302
Milwaukee, WI 53208

On November 16, 2004, the Social Work Section of the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board reviewed the application of Jennifer L. Thompson for a clinical social work license. Based upon the Board's review, IT IS HEREBY ORDERED that Jennifer L. Thompson is granted a LIMITED LICENSE to practice as a clinical social worker subject to the following terms and conditions:

- (1) Ms. Thompson shall attend therapy sessions with Dr. Jeff Hollowell or another mental health provider approved in advance by the Social Work Section at least two (2) times per month for a one year period beginning on the date this Order is signed.
- (2) Ms. Thompson shall ensure that Dr. Hollowell submits quarterly reports to the Social Work Section indicating whether her therapeutic progress is satisfactory. Said reports shall be sent to the Department Monitor at the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935.
- (3) Ms. Thompson may apply for an unrestricted license one year from the date on which this Order is signed.

NOTICE

This Order constitutes notice of denial of your application for full and unconditional licensure. Please take notice that pursuant to s. 227.42, Wis. Stats., and ch. RL1, Wis. Admin. Code, you have a right to a hearing on the denial of the license requested. You may request such hearing if your request is received in the office of the Social Work Section of the Marriage and Family Therapy, Professional Counseling, and Social Work


Examining Board within 45 days of the date of this notice at the following address:

1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

The request must include your name and address, the type of license for which you have applied, the reason why you have requested a hearing, the facts which you intend to prove at a hearing, and an explanation of the mistake you believe was made, if you claim that the denial of the license is based on a mistake in fact or law. Within 45 days of receipt of a request for hearing, the Board shall grant or deny the request, but the request will be granted if the foregoing requirements are met. If the request for hearing is granted, you will be notified of the time, place and nature of the hearing. If the request for a hearing is denied, you will be notified in writing of the reason for denial.

Dated this 1st day of December, 2004.

STATE OF WISCONSIN
SOCIAL WORK SECTION



George Kamps
Chairperson 