

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE DEPARTMENT OF REGULATION AND LICENSING

IN THE MATTER OF THE APPLICATION FOR :
A CLINICAL SUBSTANCE ABUSE COUNSELOR :
CERTIFICATION FOR :
: FINAL DECISION AND ORDER
JAMES L HARRISON III :
APPLICANT :

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

James L Harrison III
554 Wilderness Ct
Hartford WI 53027

Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison WI 53708-8935

FINDINGS OF FACT

1. James L Harrison III (Applicant) has filed an application for a certification to practice as a clinical substance abuse counselor the State of Wisconsin.
2. Information received in the application process reflects that on or about December 19, 1990 Applicant was convicted of vic of Wis. Stat. §§ 948.07(3) and 948.09 [child enticement and sexual assault child 16 yrs];

CONCLUSIONS OF LAW

1. The Wisconsin Department of Regulation and Licensing has jurisdiction over this matter pursuant to Wis. Stat. § 440.88(2).
2. The facts and circumstances of the convictions referenced above substantially relate to the practice of a clinical substance abuse counselor. Applicant by his conduct is subject to action against his certification pursuant to Wis. Stat. § 440.88(6).

ORDER

NOW, THEREFORE, IT IS ORDERED that JAMES L. HARRISON III is GRANTED a LIMITED CLINICAL SUBSTANCE ABUSE COUNSELOR CERTIFICATION, subject to the following LIMITATIONS, TERMS AND CONDITIONS:

Treatment

1. The Department reserves the right, based upon reports received, to require Applicant upon notification by the Department Monitor to enter into and maintain participation in a Department-approved program of treatment relevant to applicant’s convictions through completion and discharge from treatment. Applicant shall cooperate with and follow all treatment recommendations of his treatment provider. Upon discharge, Respondent shall submit a copy of his discharge summary to the Department Monitor.
2. If treatment is required, Applicant shall provide his treatment provider with a copy of this Final Decision and Order.
3. If treatment is required, Applicant’s treatment provider shall submit formal written reports to Department Monitor on a

quarterly basis, as directed by Department Monitor. These reports shall assess Applicant's progress, compliance and cooperation in the applicable program. The treatment provider shall report immediately to the Department Monitor any violation or suspected violation of this Order.

Practice Limitations

4. Applicant shall practice as a clinical substance abuse counselor only under the supervision of a Wisconsin clinical substance abuse counselor pre-approved by the Department or Department Monitor.
5. Applicant shall not provide any professional services to minors.

Reporting Requirements

6. Applicant shall provide a copy of this Final Decision and Order to supervisory personnel at all settings where Applicant works as a clinical substance abuse counselor and (if applicable) to his treatment provider.
7. It is Applicant's responsibility to arrange for written reports from his supervisor(s) to be provided to Department Monitor on a quarterly basis, as directed by Department Monitor. These reports shall describe the applicant's activities and verify that he is in compliance with the laws governing the practice of clinical substance abuse counselors and the terms of this Order.
8. Applicant shall report to the Department any change of employment status, residence, address or telephone number within five (5) days of the date of a change.
9. Applicant is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Applicant shall promptly notify Department Monitor of any suspected violations of any of the terms and conditions of this Order by Applicant

Department Monitor

10. The Department Monitor is the individual designated by the Department as its agent to coordinate compliance with the terms of this Order. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

DEPARTMENT MONITOR
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Ave., P.O. Box 8935
Madison, WI 53708-8935
Fax: (608) 266-2264
Telephone: (608) 267-3817

Petitions for Modification

11. Applicant may petition the Department for modification of the terms of this Order after five years from the effective date of this order. Any such petition shall be accompanied by a written recommendation from Applicant's employer and (if applicable) his treatment provider expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stats. § 227.01(3)(a), and Applicant shall not have a right to any further hearings or proceedings on the denial.

Costs

12. Applicant shall be responsible for all costs and expenses incurred in conjunction with monitoring, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

Summary Suspension / Additional Discipline

13. Failure by Applicant to timely comply with the terms of this limitation and/or any further criminal conviction shall result in the revocation of Applicant's limited certification without further notice or hearing or other proceeding. A violation of this Order may alternatively be the basis for a summary suspension under Wis. Admin. Code ch. RL 6 or separate

disciplinary action under Wis. Stat. § 440.88(6).

Dated at Madison, Wisconsin this 18th day of April, 2007.

Ruby Jefferson-Moore
On behalf of the Department

STATE OF WISCONSIN
BEFORE THE DEPARTMENT OF REGULATION AND LICENSING

IN THE MATTER OF APPLICATION FOR	:	
CLINICAL SUBSTANCE ABUSE COUNSELOR	:	
CERTIFICATION FOR	:	
	:	STIPULATION
JAMES L HARRISON III	:	
Applicant	:	

It is hereby stipulated between the above-referenced Applicant and the State of Wisconsin Department of Regulation and Licensing as follows:

The Applicant has filed an application for a clinical substance abuse counselor certification. Information received by the Department reflects a basis for denial of the application for certification. Based upon the information of record herein, the Department agrees to issue and the Applicant agrees to accept an Order issuing a limited clinical substance abuse counselor certification subject to the terms and conditions set forth in the attached Order Adopting Stipulation.

Dated this ____ day of _____, 2007

James L Harrison III

STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING

Dated this ____ day of _____, 2007

By: _____
Ruby Jefferson-Moore