WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN BEFORE THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

IN THE MATTER OF APPLICATION FOR : CLINICAL SUBSTANCE ABUSE COUNSELOR : FOR :

ORDER GRANTING LIMITED LICENSE

MARK WEITKUM, APPLICANT.

0003572

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

MARK WEITKUM 3505 WESTON DR RACINE WI 53406

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES 1400 E. WASHINGTON AVENUE P.O. BOX 8935 MADISON, WI 53708-8935

FINDINGS OF FACT

- 1. MARK WEITKUM (Applicant) has filed an application for a credential to practice as a clinical substance abuse counselor in Wisconsin.
- 2. The application process reflects the following disciplines as a substance abuse counselor in training:
 - 9/1/11 Failing to avoid dual relationships or relationships that may impair the substance abuse professional's objectivity or create a conflict of interest.

CONCLUSIONS OF LAW

- 1. The Wisconsin Department of Safety and Professional Services has jurisdiction over this matter pursuant to Wis. Stat. §440.88.
- 2. The facts and circumstances of the past disciplines are substantially related to your request for licensure as a clinical substance abuse counselor.

ORDER

NOW, THEREFORE, IT IS ORDERED that MARK WEITKUM is GRANTED A CLINCIAL SUBSTANCE ABUSE COUNSELOR LICENSE subject to the following LIMITATIONS, TERMS AND CONDITIONS:

Practice Limitations

- 1. Applicant shall provide a copy of this Order to all prospective employers.
- 2. Applicant shall commit no new violations of law, and shall report all law enforcement contacts leading to arrest, charge or conviction to the Department Monitor within 48 hours of any such event.
- 3. Applicant shall not work with female clients for a period of two (2) years from date of licensure.

Reporting Requirements

- 4. It is Applicant's responsibility to arrange for his supervisor(s) to provide work reports to the 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 a clinical substance abuse counselor and the terms of this Order.
- 4. Applicant shall file with the Department quarterly reports at the direction of the Department Monitor commencing ninety (90) days after Applicant commences employment. Each report shall include the following:
 - a. The name, address and telephone number of Applicant, and name, address and telephone number of Applicant's employer;
 - b. A statement from the Applicant as to whether he has had any law enforcement contacts leading to arrest, charge or conviction (including DWI/OWI) during the term of the Order;
 - c. Applicant shall report to the Department Monitor any change of employment status, residence, address or telephone number within five (5) days of the date of a change.
- 5. 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

6. 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 or other information required by this Order shall be mailed, faxed or delivered to:

DEPARTMENT MONITOR

Department of Safety and Professional Services
Division of Legal Services & Compliance
1400 East Washington Ave., P.O. Box 8935
Madison, WI 53708-8935

Fax: (608) 266-2264 Telephone: (608) 267-3817

Petitions for Modification

7. Applicant may petition the Department Monitor for modification of the terms of this Order after completion of two years of practice in compliance with all terms and conditions of this Order. Applicant's petition must include Applicant's history of employment from the effective date of this Order that states the dates and names of any employer, such employment in total equaling two years of practice. Any such petition shall be accompanied by a written recommendation from Applicant's current employer that includes, among other things, the dates of employment and scope of responsibility during such employment. A denial of such a petition for modification shall not be deemed a denial of license under Wis. Stats. §§ 227.01(3), or 227.42, or Wis. Admin. Code ch. SPS 1, and shall not be subject to any right to further hearing or appeal.

Costs

8. Applicant shall be responsible for all costs and expenses associated with compliance with the terms of this Order.

Summary Suspension/Additional Discipline

9. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Applicant's license. The Department, in its discretion, may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In

the event that Applicant fails to submit quarterly reports as ordered, Applicant's license may, in the discretion of the Department or its designee, be SUSPENDED, without further notice or hearing, until Applicant has complied with the terms of this Order.

Dated at Madison, Wisconsin this 25 Tday of November, 2014

Michael J. Berndt, Chief Legal Counsel

On behalf of the Department of Safety and Professional Services

STATE OF WISCONSIN BEFORE THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

IN THE MATTER OF APPLICATION FOR : CLINICAL SUBSTANCE ABUSE COUNSELOR : FOR :

MARK WEITKUM, APPLICANT.

STIPULATION 0003572

It is hereby stipulated between the above-referenced Applicant and the State of Wisconsin Department of Safety and Professional Services as follows:

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

Dated this 24th day of October, 2014

Mark Weitkum, Applicant

STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Dated this 25th day of Normher, 2014

Michael J Bernot, Chief Legal Counse

Wisconsin Department of Safety and Professional Services Division of Professional Credential Processing 1400 E. Washington Ave PO Box 8935 Madison WI 53708-8366



Phone: 608-266-2112 Web: http://dsps.wi.gov Email: <u>dsps@wisconsin.gov</u>

Scott Walker, Governor Dave Ross, Secretary

October 22, 2014

MARK WEITKUM 3505 WESTON DR RACINE WI 53406

RE: Application # 401034 for Clinical Substance Abuse Counselor

Dear Mr. Weitkum:

The Department of Safety and Professional Services (Department) has reviewed your application file and has concluded that your past convictions substantially relate to your request for licensure as a clinical substance abuse counselor. The Department therefore offers you the enclosed Stipulation and Order, which would grant you a limited license as a clinical substance abuse counselor, subject to specified terms and conditions. A Stipulation is an agreement between the Department and yourself to recommend a resolution of this matter.

Please review the enclosed Stipulation and Order carefully. If the Stipulation and Order are acceptable to you, return the signed Stipulation to the Department by 12/06/2014. The Department will then issue your credential, conditioned upon the terms set forth in the Order.

If you do not accept the Stipulation and Order, this letter constitutes a Notice of Denial of your application for full and unconditional licensure. PLEASE NOTE that you have a right to a hearing on the denial of your application if you file a request for hearing in accordance with the provisions of Wis. Admin. Code Chapter SPS 1. You may request a hearing within 45 calendar days after the mailing of this Notice of Denial. Your request must be submitted in writing to the:

Department of Safety and Professional Services Division of Professional Credential Processing 1400 E. Washington Avenue P.O. Box 8935, Madison, WI 53708-8935

The request must contain your name and address, the type of credential for which you have applied. A specific description of the mistake in fact or law that you assert was made in the denial of your credential and a concise statement of the essential facts which you intend to prove at the hearing. You will be notified in writing of the Department's decision. Under Wis. Admin. Code § SPS 1.08, a request for a hearing is denied if a response to a request for hearing is not issued within 45 days of its receipt by the Department. Time periods for a petition for review begin to run 45 days after the Department has received a request for a hearing and has not responded. Thank you for your cooperation.

Sincerely,

Michael J. Berndt, Chief Legal Counsel