

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at:

<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscga>

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STATE OF WISCONSIN  
BEFORE THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

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IN THE MATTER OF APPLICATION FOR  
SUBSTANCE ABUSE COUNSELOR-IN-  
TRAINING FOR

MICHAEL HETTS,  
APPLICANT.

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**ORDER GRANTING  
LIMITED LICENSE**

**0003645**

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

MICHAEL HETTS  
726 VILLAGE GREEN LN E  
MADISON WI 53704

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

FINDINGS OF FACT

1. MICHAEL HETTS (Applicant) has filed an application for a credential to practice as a substance abuse counselor-in-training in Wisconsin.
2. Information received in the application process reflects the following convictions:
  - 2010 - Injury by Intoxicated Use of Vehicle
  - 1996 – Underage Drinking
  - 1995 – Underage Drinking; Disorderly Conduct
  - 1994 – Underage Drinking

CONCLUSIONS OF LAW

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

## **ORDER**

NOW, THEREFORE, IT IS ORDERED that MICHAEL HETTS is GRANTED a SUBSTANCE ABUSE COUNSELOR-IN-TRAINING 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.

### Sobriety

3. Applicant shall abstain from all personal use of illegal drugs and alcohol.
4. Applicant shall abstain from all use of over-the-counter medications or other substances (including but not limited to natural substances such as poppy seeds) which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Applicant's treatment and rehabilitation.
5. Applicant shall report to the Department Monitor all prescription medications and drugs taken by Applicant. Reports must be received within 24 hours of ingestion or administration of the medication or drug, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Each time the prescription is filled or refilled, Applicant shall immediately arrange for the prescriber or pharmacy to fax and mail copies of all prescriptions to the Department Monitor.
6. Applicant shall provide the Department Monitor with a list of over-the-counter medications and drugs that they may take from time to time. Over-the-counter medications and drugs that mask the consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Applicant's rehabilitation, shall not be taken unless ordered by a physician.

### Drug and Alcohol Screens

7. If requested by the Department or its designee, Applicant shall: (a) submit urine specimens; (b) submit blood, hair or breath specimens (c) furnish any specimen in a directly witnessed manner.
8. If any specimen is positive or suspected positive for any controlled substances or alcohol, Applicant shall promptly submit to additional tests or examinations as the Department or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
9. All confirmed positive test results shall be presumed to be valid. Applicant must prove by a preponderance of the evidence an error in collection, testing, fault in the chain of custody or other valid defense.

### Reporting Requirements

10. 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 substance abuse counselor-in-training and the terms of this Order.
11. 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.
12. 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

13. 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

14. 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.

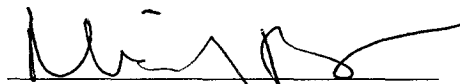
#### Costs

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

#### Summary Suspension/Additional Discipline

16. 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 22<sup>nd</sup> day of January, 2015



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  
SUBSTANCE ABUSE COUNSELOR-IN-  
TRAINING FOR

**MICHAEL HETTS,  
APPLICANT.**

## STIPULATION

0003645

*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 substance abuse counselor-in-training. 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 substance abuse counselor-in-training subject to the terms and conditions set forth in the attached Order Adopting Stipulation.

Dated this 15<sup>th</sup> day of January, 2015

Michael Hetts  
Michael Hetts, Applicant

STATE OF WISCONSIN  
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Dated this 22<sup>nd</sup> day of January, 2015

By:

Michael J Berndt, Chief Legal Counsel  
On behalf of the Department of  
Safety and Professional Services