FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027 Voice Mail No. 1-800-266-1027 Web Site

http://dpi.wi.gov/tepdl

PI-1602-AD (Rev. 12-06) Page 1

We do not accept applications by FAX.

Application forms are available at http://dpi.wi.gov/tepdl/applications.html

# WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- Use this PI-1602-AD form if, based on completing an approved Wisconsin college/university administration or reading program, you: 1) are applying for an initial license as a superintendent (03), director of instruction (10), instructional technology coordinator (92), director of special education and pupil services (80), principal (51), program coordinator (64), reading specialist (17), library media supervisor (91), or career & technical education coordinator (93). You must hold, or be eligible to hold, a Wisconsin educator license in: a) teaching and have three years of successful teaching experience OR b) a pupil services category (counselor, social worker, or psychologist), have three years of successful experience in the category, and 540 hours of classroom instruction experience. 2) are applying for an initial, license as a school business administrator (08)
  - 3) are applying for an initial license as a reading teacher (316). You must hold, or be eligible to hold, a Wisconsin teaching license and have two years of successful teaching experience.
- Type or print legibly in black or blue ink. Do not submit "back-to-back" photocopies since pages of the application are separated for processing. Keep a copy of your entire application including all documentation since no documentation can be returned to you.
- Send a complete application packet (including fee payment, Conduct and Competency Review, and fingerprint cards (if required) to the certifying officer of the college/university where you completed the approved program.
- Verify that DPI received your application by checking the educator license database at http://dpi.wi.gov/tepdl/lisearch.html.

#### LICENSE APPLICATION INFORMATION AND PROCEDURES

- I. Applicant Information: Primary phone number is where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. License(s) Requested: Indicate the initial administrative or reading license(s) required and the date the license(s) should begin.
- III. Experience: Send a PI-1613 Experience Verification form to each education employer to verify the experience requirement (see top of page) has been met (not required of applicants who already hold a Wisconsin administrator license or are applying for school business administrator licensure). If your application is based on holding (or eligibility to hold) a Wisconsin pupil services license, also attach a letter from an employing administrator verifying 540 hours of successful classroom instruction experience.
- IV. Graduate Education and Institutional Endorsement: List only graduate degrees or licensing programs, the most recent first. Attach an 8.5 x 11 sheet if needed. The endorsement section must be completed by the certifying officer of your college/university.

# **PAYMENT INSTRUCTIONS**

Fee payment (\$100) must be mailed with your application. Since the fee covers the cost of license application review/processing, NO REFUNDS WILL BE MADE, regardless of whether or not a license is issued. Application fee is subject to change without notice.

CHECK OR MONEY ORDER: Make payable for \$100 to: Dept. of Public Instruction. Do not mail this page (page 1) if paying by check or money order. Attach the check/money order securely to the front of page 2 (page containing applicant information).

**CREDIT CARD**: MasterCard or VISA only (no debit cards). Fill in account information below and sign. This payment page must have an original signature and will be retained by our bank. This page is not forwarded to licensing staff, so be sure the reverse side does not contain any information needed to process the application. Attach this page on top of other materials before mailing.

PAYMENT BY CREDIT CARD: Fill in below and attach to the application. We accept only MasterCard and VISA.

Account Number	☐ MasterCard ☐ VISA	
Expiration Date	· ·	Print or Type Cardholder Name
Expiration Date	Amount	
	\$100	Signature
Month Year		>

# **MAILING INSTRUCTIONS (Do not FAX)**

Mail the entire application packet, including fee payment to the certifying officer of your Wisconsin college/university for endorsement. The college will forward your application to DPI's bank: DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794

Do not mail or fax applications to DPI's Madison office. After fee deposit, all materials are couriered to consultants for review.

# Aid Consin Promition

# Wisconsin Department of Public Instruction

# LICENSE APPLICATION— INITIAL IN-STATE ADMINISTRATION OR READING

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Application forms are available at: <a href="http://dpi.wi.gov/tepdl/applications.html">http://dpi.wi.gov/tepdl/applications.html</a>

# FOR INFORMATION CONTACT

Telephone No. (608) 266-1027 Voice Mail No. 1-800-266-1027 Web Site <a href="http://dpi.wi.gov/tepdl">http://dpi.wi.gov/tepdl</a>

DO NOT FAX THE APPLICATION

. фринципальный становый стано								
I. APPLICANT INFORMATION								
Legal Name First		Last						
Previous Name(s)		Social Security Number* Date of Birth Mo./Da			Birth <i>Mo./Day/Yr.</i>			
Address			1				P.O. Box	
City				State	Zip Cod	е	Zip Plus 4 digits	
Primary Telephone (include area code)	Ext.	Alternate	Alternate Telephone (include area code) Ext.					
Email Address	'	l				<u>'</u>		
Current District of Not currently Employment under contract	I hold (or held) the  Teacher  Subject /Position:	WI license(s Pupil service		d below Administrato			Educator License Expire Year	
II. INITIAI	ADMINISTRATION OR	READING LI	CENSE(S)	REQUESTE	D .		<u>'</u>	
☐ 10 Director of Instruction ☐ 51 Principal ☐ 64 Program Coordinator					ense Begin Date			
III. EXPERIEN	CE (See instructions, no	t required for	08—busir	ness administr	ator applic	ants)		
List each district or other education agency where you were employed as an educator. Send a PI-1613 Employment Verification form to each. The employer will complete the form and forward it to DPI. Attach an additional 8.5 x 11 page if needed.  Employer Location (City, State) Indicate Status of PI-1613 Form								
					o Employ		Enclosed	
				Sent t	o Employ	er or	Enclosed	
				☐ Sent t	o Employ	er or	Enclosed	
IMPORTANT: If the experience requirement was met by three years of pupil services experience, you must include a letter from your employer(s) verifying that your experience includes at least 540 hours of successful classroom teaching experience.  Letter confirming 540 hours of classroom teaching experience:   Enclosed   Will be sent separately   Not applicable								
IV. GRADUATE EDUCATION PROGRAM AND INSTITUTIONAL ENDORSEMENT  List most recent degree first. Attach an additional 8.5 x 11 page if needed.								
Institution	Location (City, Sta	ate)	D	egree/Licens	sing Prog	ram	Grad. Date	
I, THE CERTIFYING OFFICER, CONFIRM that the education information listed above is accurate. The applicant has successfully completed this institution's state-approved program for the license(s) requested in Section II in (month, year).								
Signature of Certifying Officer	ate Signed A			of Institu	ıtion			
>								
Applicant must also submit a completed PI-1602-A Conduct and Competency Review Form								
For DPI Use Only					nk Use Or			
FP Conduct	Amount of Remittance Date Stamp							

<sup>\*</sup>Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.



Yes No PR\*

Wisconsin Department of Public Instruction

# **CONDUCT AND COMPETENCY REVIEW**

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License application forms are available at: <a href="http://dpi.wi.gov/tepdl/applications.html">http://dpi.wi.gov/tepdl/applications.html</a>

# **ANSWER ALL QUESTIONS**

- 1. Carefully read all instructions on following page.
- 2. This form **must** be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
- 3. Your signature on this form must be notarized. Most schools have a notary public on staff.

For purposes of this application, "teaching" applies to all licensed school personnel which includes, but is not limited to, classroom teachers, counselors, social workers, psychologists, administrators, school library media specialists, substitute teachers, special education aides, etc.

1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any

		Previously Reported		licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment?			
Yes	No	PR	2.	Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (check any which apply) immoral conduct or incompetence Definitions on next page.			
Yes	No	PR	3.	Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?			
Yes	No	PR	4.	Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction?			
Yes	No	PR	5.	Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?			
Yes	No	PR	6.	Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? ( <i>check any which apply</i> ) felony or misdemeanor			
Yes	No	PR	7.	Have you ever participated in a deferred prosecution program resulting from a criminal investigation?			
Yes	No	PR	8.	Are you currently on probation in any jurisdiction?			
Yes	Yes No PR 9. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct or harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis?						
Yes	No	PR	10.	Is any criminal charge or investigation pending against you in any jurisdiction?			
Yes No PR 11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning <b>your conduct</b> as an educator or in an educationally related position?							
Fingerprinting Requirement 12. Carefully read the instructions on the following page to determine whether or not you are required to submit fingerprints with your license application.							
Check the appropriate box(es) below to indicate your response.							
				chock the appropriate box(60) boton to maiotic your responden			
				I am required to submit fingerprints with my application. Indicate status of prints below.			
				I am required to submit fingerprints with my application. Indicate status of prints below.  Fingerprint cards enclosed  OR  Fingerprints will be submitted separately			
				I am required to submit fingerprints with my application. Indicate status of prints below.			
				I am required to submit fingerprints with my application. Indicate status of prints below.  Fingerprint cards enclosed OR Fingerprints will be submitted separately  I am not required to submit fingerprints with my application. I understand that I may be required			
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convicted *If you hav further con  UNDER C knowledge I HEREBY Instruction Name Prin Signature	J, a copy of reported nviction(s)  DATH, I so the Any falso of AUTHOR, information of the for type  (Sign in bl	of the crin ed a "Yes s) has oc wear that e stateme RIZE any con which p	rinal j resicurre all info nts ma of my p	I am required to submit fingerprints with my application. Indicate status of prints below.    Fingerprint cards enclosed   OR   Fingerprints will be submitted separately			

<sup>\*\*</sup>Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.

#### Page 2 PI-1602-A

# INSTRUCTIONS AND DEFINITIONS CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A "yes" answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

- 1. **Respond to all questions**. We cannot issue a license unless all questions are answered. Use black or blue ink only. Submitting a fully and correctly completed form with notarized signature will speed processing of your application.
- Fingerprints: Read ALL the criteria below carefully. Determine whether fingerprints are required in your situation and indicate your response in item 12 of the Conduct and Competency Review. If fingerprinting is required, your prints must be prepared on cards obtained directly from the Department of Public Instruction or submitted electronically. (see <a href="http://dpi.wi.gov/tepdl/fphelp.html">http://dpi.wi.gov/tepdl/fphelp.html</a>)
  - If you have worked, resided, or attended school in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain within the last twenty years after age 17, you must submit fingerprints with your license application.
  - Even if you previously submitted fingerprints to the Department of Public Instruction you must submit fingerprints again if, since the previous submission, you have worked, resided, or attended school in any of the locations listed above. (If you previously submitted prints that met approved FBI/CIB standards and have not worked, resided, or attended school in any of the locations above since submitting your prints to DPI, then new prints are not required.)
  - If your license application contains a mailing address from a U.S. territory, Canada, Great Britain, or a non-Wisconsin U.S. state, you are required to submit fingerprints.

How to Obtain Fingerprint Cards: To request cards and instructions from DPI, call 1-800-266-1027 or send an e-mail request to <a href="licensing@dpi.state.wi.us">licensing@dpi.state.wi.us</a>. Be sure to include your complete mailing address in your request. You will be sent a Federal Bureau of Investigation (FBI) card and a Wisconsin Crime Information Bureau (CIB) card which are preprinted with DPI's code. Your prints must be prepared, by a law enforcement official, on the two cards provided by DPI.

**NOTE**: Incomplete, or incorrectly prepared cards, will be returned to you for resubmission until they are prepared as specified in the instructions provided. See <a href="http://dpi.wi.gov/tepdl/fphelp.html">http://dpi.wi.gov/tepdl/fphelp.html</a> for instructions on completing the cards correctly, information about fingerprinting services, and an e-mail link for requesting cards from DPI.

3. **Notarization Requirement**: Your signature on the Conduct and Competency form must be notarized. Notary Publics are available at schools, banks, and post offices. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: <a href="http://dpi.wi.gov/tepdl/notary.html">http://dpi.wi.gov/tepdl/notary.html</a>.

# **Definitions**

"Immoral Conduct" means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

"Incompetence" means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

# Reminders

Issuance or renewal of any license or permit by DPI is conditional upon the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.



**INSTRUCTIONS TO EMPLOYER:** Complete and return to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION **TEACHER LICENSING** P.O. BOX 7841 MADISON, WI 53707-7841

**FAX Number:** (608) 264-9558 Website: http://dpi.wi.gov/tepdl

This form is available at

http://dpi.wi.gov/tepdl/applications.html

	To	the	qqA	licant
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To the Applicant:
Please complete the top part of the form and forward it to your employer (District Administrator or Personnel Director) for verification.

APPLICANT INFORMATION  Complete and Forward to District							
Name—Last	First	Middle	Othe	er	Social Security Number*		
Name of Employing School District / Agency				Employing School Distric	ct / Agency Address		
Position Held				Employment Dates			
Fosition Field				From Month/Year	To Month/Year		
		VERIFICATION B	Y EMPLOYE	 ≣R	<u> </u>		
To the Employer:							
Please check your re	cords and provide the requents in the space provided below	ested information to veri v. <b>Complete and mail or</b>	fy that the fax to DPI.	above applicant has had	successful employment. List any		
Applicant's Position					Grades Taught		
Teacher	Counselor	Other Specify					
If assigned to teach in	a departmentalized elementa	ry or secondary school:					
					s (Month/Year)		
				From	То		
				From	То		
				From	То		
				From	То		
Exceptions, Limitations	s or Other Comments						
TO THE BEST OF M successful.	Y KNOWLEDGE, all informa	tion presented on this fo	rm is accur	ate and the above menti-	oned educational employment was		
Name of School Distric	ct or Employer						
Signature of Employer					Date Signed		
>							
Title				Employer Telephone Are	ea Code/No.		

\*Collection of Social Security number is voluntary and is used solely for validation purposes and will not be released without written permission. Employer—Please return this form to DPI-Teacher Licensing.