



LICENSE APPLICATION—
INITIAL IN-STATE ADMINISTRATION OR READING

PI-1602-AD (Rev. 12-06)
Page 2

Application forms are available at: http://dpi.wi.gov/tepd/

FOR INFORMATION CONTACT

Telephone No. (608) 266-1027
Voice Mail No. 1-800-266-1027
Web Site http://dpi.wi.gov/tepd/

DO NOT FAX THE APPLICATION

I. APPLICANT INFORMATION

Legal Name First Middle Last
Previous Name(s) Social Security Number* Date of Birth Mo./Day/Yr.
Address P.O. Box
City State Zip Code Zip Plus 4 digits
Primary Telephone (include area code) Ext. Alternate Telephone (include area code) Ext.
Email Address

Current District of Employment [] Not currently under contract
I hold (or held) the WI license(s) checked below
[] Teacher [] Pupil services [] Administrator
Most Recent WI Educator License Issue Year Expire Year
Subject /Position:

II. INITIAL ADMINISTRATION OR READING LICENSE(S) REQUESTED

Check the License(s) Requested:
[] 03 Superintendent [] 08 School Business Admin. License Begin Date
[] 10 Director of Instruction [] 51 Principal [] 64 Program Coordinator July 1, _____
[] 93 Career & Tech. Ed. Coordinator [] 80 Dir. of Sp. Ed./Pupil Serv. [] 91 Library Media Supervisor
[] 92 Instr. Technology Coordinator [] 316 Reading Teacher [] 17 Reading Specialist

III. EXPERIENCE (See instructions, not required for 08—business administrator applicants)

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.

Table with 3 columns: Employer, Location (City, State), Indicate Status of PI-1613 Form. Rows include checkboxes for 'Sent to Employer' 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.

Table with 4 columns: Institution, Location (City, State), Degree/Licensing Program, 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 Date Signed Mo./Day/Yr. Name of Institution

Applicant must also submit a completed PI-1602-A Conduct and Competency Review Form

For DPI Use Only: [] FP, [] Conduct
For Bank Use Only: Amount of Remittance \$100, Date Stamp

*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.



Wisconsin Department of Public Instruction
CONDUCT AND COMPETENCY REVIEW

PI-1602-A (Rev. 05-07)
 Page 1

ANSWER ALL QUESTIONS

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

License application forms are available at:
<http://dpi.wi.gov/tepdll/applications.html>

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.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR* <small>Previously Reported</small>	1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (<i>check any which apply</i>) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence <i>Definitions on next page.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	4. Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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>) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	7. Have you ever participated in a deferred prosecution program resulting from a criminal investigation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	8. Are you currently on probation in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	10. Is any criminal charge or investigation pending against you in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 your conduct 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. <input type="checkbox"/> I am required to submit fingerprints with my application. Indicate status of prints below. <input type="checkbox"/> Fingerprint cards enclosed OR <input type="checkbox"/> Fingerprints will be submitted separately <input type="checkbox"/> I am not required to submit fingerprints with my application. I understand that I may be required to supply proof that fingerprints are not required at this time.

For any "Yes" response to questions 1-11, attach a written 8½" x 11" explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised.

*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of Yes on this application if **no further conviction(s) has occurred.**

IMPORTANT: You must respond to ALL questions 1-12.

<p>UNDER OATH, I swear that all information on this form and the accompanying license application and documentation are true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license. I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.</p>	
Name <i>Print or type</i>	Sworn and signed before me this ____ day of _____ in the year _____.
Signature (<i>Sign in blue or black ink, in presence of a Notary Public</i>)	_____
➤	Notary Public, _____
Social Security No.**	My commission expires on _____

**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.

**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.*
2. **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 <http://dpi.wi.gov/tepd/fphelp.html>)
 - 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 licensing@dpi.state.wi.us. 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 <http://dpi.wi.gov/tepd/fphelp.html> 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: <http://dpi.wi.gov/tepd/notary.html>.

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/tepd/>

This form is available at
<http://dpi.wi.gov/tepd/applications.html>

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	Other	Social Security Number*
Name of Employing School District / Agency				Employing School District / Agency Address
Position Held		Employment Dates From <i>Month/Year</i>		To <i>Month/Year</i>

VERIFICATION BY EMPLOYER

To the Employer:

Please check your records and provide the requested information to verify that the above applicant has had successful employment. List any exceptions or limitations in the space provided below. **Complete and mail or fax to DPI.**

Applicant's Position <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Other <i>Specify</i> _____	Grades Taught
---	---------------

If assigned to teach in a departmentalized elementary or secondary school:

Subjects Taught (Be Specific)	Dates (Month/Year)	
	From	To
	From	To
	From	To
	From	To
	From	To

Exceptions, Limitations or Other Comments

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the above mentioned educational employment was successful.

Name of School District or Employer

Signature of Employer ➤	Date Signed
----------------------------	-------------

Title	Employer Telephone <i>Area Code/No.</i>
-------	---

*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.