



LICENSE APPLICATION— ADVANCE INITIAL EDUCATOR TO PROFESSIONAL EDUCATOR

PI-1602-ADV (New 12 07)

Page 1

License Application Forms: <http://dpi.wi.gov/tepd/applications.html>

FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027

Voice Mail No. 1-800-266-1027

Web Site: <http://dpi.wi.gov/tepd/>

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

- ◆ Use the correct form(s). The PI-1602-ADV application is used to advance an Initial Educator License (Teaching, Administration, and Pupil Services) to a Professional Educator License.
- ◆ Submit your application **only after all advancement requirements have been met** (refer to Section II of Instructions).
- ◆ Initial educators may also renew current or expired Professional Educator Licenses on this application so that all educator licenses will be on the same five year renewal cycle. If you wish to add a new certification, you must submit the appropriate separate application form (e.g., PI-1602-IS, PI-1602-AD, PI-1602-OS) and pay an additional application processing fee.
- ◆ Type or print legibly in black or blue ink. Do not submit back-to-back photocopies since pages of this application are separated for processing. **Keep a copy of your entire application and all documentation since no documents can be returned to you.**
- ◆ To facilitate faster processing, mail your application, all required documentation, and the PI-1602-A Conduct and Competency Review (including fingerprint cards if required) **in one complete submission to DPI at the Milwaukee address at bottom of page.**
- ◆ Verify the date that DPI received your application by checking the license database at: <http://dpi.wi.gov/tepd/lisearch.html>.

LICENSE APPLICATION INSTRUCTIONS

- I. **Applicant Information:** Fill in all sections. Primary phone is a number to reach you from 8 a.m. to 4 p.m. Central Time.
- II. **Requirements for Advancement to Professional Educator License:** Advancement of an Initial Educator License for a professional school employee requires verification of at least three years of regular (not substitute) employment in the license category, verification of a completed professional development plan (PDP) and satisfaction of all stipulations, if applicable. If you have not completed all the requirements, you are not eligible to advance to the Professional Educator license.
 - A. Employment:** Attach a signed PI-1613 Employment Verification form which confirms at least three years of regular employment in the license category of your Initial Educator License during the term of the Initial Educator License.
 - B. Professional Development Plan:** Attach a PI-PDP-2 Professional Development Plan Verification form signed by all three members of your PDP team. At least two of the three must verify completion of your PDP.
 - C. License Stipulations:** If you hold an Initial Educator License with Stipulations, attach a complete PI-1614 Stipulation Verification form and documentation that all stipulations identified by DPI have been satisfied.
 - D. School Psychology or Instructional Media Specialists:** Attach a PI-1612 Institutional Endorsement and Assurances form verifying advanced program completion.

PAYMENT AND MAILING INSTRUCTIONS

Fee payment of \$100 must be mailed with your application. Since the fee covers the cost of application review and processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. 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 or money order securely to the front of page 2 (the page containing applicant information).

CREDIT CARD: Fill in account information below. We accept only MasterCard and VISA credit cards (**no check/debit cards**). This credit card payment page must have an *original signature* and will be retained by our bank. This page is not forwarded to DPI licensing consultants, so *be sure the reverse side does not contain any information* needed to process your application. **Attach this page on top of all other application materials.**

Account Number	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA											
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Expiration Date													
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Signature													
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MAILING: Mail (regular 1st class U.S. mail only) application form, all documentation, and payment together to DPI's bank address:

DPI Educator Licensing, Drawer 794, Milwaukee, WI 53293-0794

The bank will deposit your fee, then courier all materials to the Madison licensing office. **Do not** mail or fax the application to DPI's Madison office.



LICENSE APPLICATION-
ADVANCE INITIAL EDUCATOR TO
PROFESSIONAL EDUCATOR

FOR INFORMATION CONTACT:

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

License application forms are available at http://dpi.wi.gov/tepd/applications.html

I. APPLICANT INFORMATION

Form with fields for Legal Name (First, Middle, Last), Previous Name(s), Social Security Number, Date of Birth, Address, City, State, Zip Code, Telephone, Email Address, and Wisconsin Driver's License Number.

II. REQUIREMENTS FOR ADVANCEMENT TO PROFESSIONAL EDUCATOR LICENSE

Form with fields for Wisconsin Initial Educator License (Issue Year, Expire Year), Begin Professional Educator License on (July 1, ____), and checkboxes for renewal options.

All applicants complete A and B below. Initial Educators with Stipulation must also complete part C (and/or D if applicable).
(Submit legible originals, not fax copies or photocopies. Do not use highlighter on these items.)

A. Initial Educator Employment Requirement:

- I have been employed in a regular assignment (not substitute) in a public or private school in the category (teacher, pupil services professional, or administrator) of my Initial Educator License for a minimum of three years during the term of my Initial Educator License.
Employment Verification Form (PI-1613) [] Attached [] Will be mailed separately *

B. Initial Educator Professional Development Plan (PDP) Requirement:

- I completed my PDP and all three PDP team members have signed the PDP Verification form. At least two PDP team members have verified completion of my PDP.
PDP Verification Form (PI-PDP-2) [] Attached [] Will be mailed separately *

C. This requirement applies only to those initial educators who were licensed with stipulations (license type 22):

- I satisfied all stipulations identified by DPI for my Initial Educator License with Stipulations.
Stipulation Verification Form (PI-1614) [] Attached

D. This requirement applies only to School Psychologists (62) or Instructional Library Media Specialists (902):

- I have completed the requirements of the advanced degree program.
Institutional Endorsement and Assurances (PI-1612) [] Attached [] Will be mailed separately*

* If any verification forms are submitted separately, each item must include your full name and DPI File Number. Mail to: DPI Educator Licensing, PO Box 7841, Madison, WI 53707-7841. (The application and fee payment must be mailed to the DPI's Milwaukee address.)

You must complete a Conduct and Competency Review Form (PI-1602-A) and submit fingerprints if required.

Form with fields for For DPI Use Only (FP, Conduct) and For Bank Use Only (Amount of Remittance \$100, Date Stamp).



CONDUCT AND COMPETENCY REVIEW

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.

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.	
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 college 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.



PDP Forms available at <http://dpi.wi.gov/tepd/pdp.html>

APPLICANT'S INFORMATION

Applicant's Name	Applicant's License File No.*	Date Goal(s) Submitted
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I HEREBY CERTIFY THAT, by my signature below, under penalty of perjury, that the information submitted by me in this form is true. I am aware that submitting false information in connection with this process may result in nonapproval and/or nonrenewal of a license and may subject me to civil or criminal penalties.

Applicant's Signature ➤	Date Signed
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PROFESSIONAL DEVELOPMENT TEAM MEMBERS

Team Member Name	Date Trained <i>As a team member</i>	Peer/Administrator License File No.*
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Representing <i>Check one</i> <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> IHE	Check One <input type="checkbox"/> PDP Verified <input type="checkbox"/> Not Verified
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I HEREBY AFFIRM, by my signature, that the information provided is true and correct.

Signature ➤	Date Signed
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Team Member Name	Date Trained <i>As a team member</i>	Peer/Administrator License File No.*
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Representing <i>Check one</i> <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> IHE	Check One <input type="checkbox"/> PDP Verified <input type="checkbox"/> Not Verified
---	---

I HEREBY AFFIRM, by my signature, that the information provided is true and correct.

Signature ➤	Date Signed
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Team Member Name	Date Trained <i>As a team member</i>	Peer/Administrator License File No.*
------------------	--------------------------------------	--------------------------------------

Representing <i>Check one</i> <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> IHE	Check One <input type="checkbox"/> PDP Verified <input type="checkbox"/> Not Verified
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I HEREBY AFFIRM, by my signature, that the information provided is true and correct.

Signature ➤	Date Signed
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*Educator file numbers may be found on the DPI Educator License lookup at: <http://dpi.wi.gov/tepd/lisearch.html>

Note to Applicant: Submit this completed PDP Verification Form with your license renewal application and fee to DPI. Retain one copy for your own records.



INSTRUCTIONS TO APPLICANT: Complete and return with your application.

EDUCATOR LICENSING

Phone Number: (800) 266-1027

Website: <http://dpi.wi.gov/tepd>

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

To the Applicant:

Please complete this form (print or type) in its entirety and forward it to DPI with your license application. Refer to the personalized letter you received from DPI with your license.

I. APPLICANT INFORMATION	
Name Last, First, Middle, Other	Social Security Number* or File Number**
Address	
City, State, Zip	Telephone Number <i>Area Code/No.</i>

II. VERIFICATION OF STIPULATIONS		
<p>To advance a license with stipulations, you must verify you have satisfied all stipulations previously cited by our office before you request another license. If a stipulation requires additional institutional endorsement, attach a PI-1612 Institutional Endorsement/Assurances Form.</p>		
Identified Stipulation/Deficiency	Action Taken to Satisfy the Stipulation/Deficiency	Documentation
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed Separately***
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed Separately***
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed Separately***
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed Separately***
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed Separately***
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed Separately***

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate.

Signature of Applicant	Date Signed
➤	

* 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.

** Your Educator File Number can be found on DPI's License Look-up at <http://dpi.wi.gov/tepd/lisearch.html>.

*** If any documentation is submitted separately, each item must include your full name and Educator File Number. Mail to: DPI Educator Licensing, P.O. Box 7841, Madison, WI 53707-7841.