



LICENSE APPLICATION—
1-YEAR ADMINISTRATOR LICENSE

PI-1602-AD1 (Rev 12-06)

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Application forms are available at: 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/

DO NOT FAX THE APPLICATION.

I. APPLICANT INFORMATION

Form section I containing fields for Legal Name (First, Middle, Last), Previous Name(s), Social Security Number, Date of Birth, Address, City, State, Zip Code, Telephone numbers, E-mail Address, Current District of Employment, and License information.

II. PREREQUISITE EDUCATION AND EXPERIENCE

A. APPLICANT'S VERIFICATION: (All applicants, including school business administrators and those applying for renewal, must read and sign.)

I UNDERSTAND that a 1-year administrator license may be renewed one time only. The license must be requested by the employing school board and I must provide satisfactory evidence from a state-approved program that I can complete the program by August 31st of the year the second 1-year license expires.

I UNDERSTAND that if I do not currently hold a Wisconsin teaching or pupil services license and I am applying for any administrative license other than school business administrator, I must complete Sections B and C and verify three years of full-time teaching or three years of full-time pupil services experience which includes at least 540 hours of successful classroom teaching experience.

Signature of Applicant and Date Signed Mo./Day/Year

B. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT: (First time 1-year administrator applicants who do not hold a Wisconsin teaching or pupil services license (except school business administrator applicants) must complete this section.)

List each college or university where you earned a degree or completed an educator licensing program. Attach additional 8 1/2 x 11 page if needed. Send a PI-1612 Institutional Endorsement form (with Part 1 completed) to each. Institutions will complete the form and forward it to DPI.

Table with 3 columns: Institution, Location (City, State), and Indicate Status of PI-1612 Form (Sent to Institution, Enclosed).

C. EXPERIENCE VERIFICATION: (All first time 1-year administrator applicants, except business administrator applicants, must complete.)

List each district or other education agency where you have been employed as an educator. Attach additional 8 1/2 x 11 page if needed. Send a PI-1613 Employment Verification form (with applicant information completed) to each. The employer should complete the form and forward it to DPI.

Table with 3 columns: Employer, Location (City, State), and Indicate Status of PI-1613 Form (Sent to Employer, Enclosed).

IMPORTANT: If your experience requirement has been met by three years of pupil services experience, you must also include a letter from your employer(s) verifying that your experience includes at least 540 hours of successful classroom teaching experience.

Status of Letter confirming 540 hours of classroom teaching experience: Enclosed Will be sent separately Not applicable

Applicant must also complete and sign the attached Conduct and Competency Review Form (PI-1602-A)

Form section for Conduct and Competency Review Form, including fields for For DPI Use Only and 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.

III. SCHOOL BOARD REQUEST

School District Requesting 1-Year Administrator License	Telephone Area/No.	CESA Code	LEA Code
School District Mailing Address <i>Street or P.O. Box</i>	City	Zip Code	
Request is for: <input type="checkbox"/> First 1-Year license <input type="checkbox"/> Second 1-Year license	Administrator License Requested: Check all that are applicable. <input type="checkbox"/> 03 Superintendent <input type="checkbox"/> 08 School Business Administrator <input type="checkbox"/> 10 Director of Instruction <input type="checkbox"/> 51 Principal <input type="checkbox"/> 93 Career & Tech. Ed. Coordinator <input type="checkbox"/> 80 Director of Spec. Educ./Pupil Services <input type="checkbox"/> 91 Library Media Supv. <input type="checkbox"/> 92 Instr. Technology Coordinator <input type="checkbox"/> 17 Reading Specialist		
License Begin Date <i>Mo./Day/Yr. (Date Hired)</i>	Employee Name <i>First, Middle, Last</i>	Social Security Number**	
<i>IMPORTANT: You must attach a plan from a state-approved educator preparation program which confirms that the applicant can complete the program by August 31 of the year the second 1-year license expires. See instructions on Page 1 of this application form. Letter/Plan Attached</i>			
School Board Member Signature		Date Signed <i>Mo./Day/Year</i>	
➤			

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CONDUCT AND COMPETENCY REVIEW

PI-1602-A (Rev 10-09)

FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027

Toll Free No. 1-800-266-1027

Forms are available at: dpi.wi.gov/tepd/applications.html

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.

- ◆ Carefully **read all instructions** on the following page. **You must complete this form fully and truthfully and sign it in the presence of a notary public** (most schools have a notary on staff). **Failure to do so will delay processing of your application.**
- ◆ Answer **all questions 1-12**. Use blue or black ink only. "Teaching" refers to all licensed school personnel including but not limited to teachers, pupil services personnel, administrators, library media specialists, substitute teachers, licensed aides, etc.
- ◆ If you already answered "Yes" to any of questions 1-11 on a prior DPI application **and if** there has been no new reportable conduct since that time, answer "PR" (previously reported) instead of "Yes."
- ◆ For any "Yes" answer to questions 1-11, include a detailed written explanation. Also submit complete copies of any related criminal complaint, criminal judgment, police reports, disciplinary letters/findings, correspondence etc. as applicable.

<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 including but not limited to verbal, physical, or sexual abuse or harassment in the course of any employment or as a member of any licensed or regulated profession?
<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>See Definitions.</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 any investigation/discipline of your education related license or employment 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, state, or federal law or local ordinance 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 agreement to resolve a criminal matter?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	8. Are you currently on probation, parole, or other court-ordered supervision 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 by reason of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis of an offense involving sexual conduct, or harm or threat of harm to another?
<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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No		12. Are you required to submit fingerprints to DPI with your license application? (<i>See Instructions.</i>)
<p>If Yes, check one box below to indicate submission method. Provide date if cards are not enclosed.</p> <p>Two Cards <input type="checkbox"/> Enclosed or <input type="checkbox"/> Mailed on _____(date) OR Electronic Submission <input type="checkbox"/> on _____(date)</p>			

UNDER OATH, I swear that all information on this form and on the accompanying license application(s) and documentation is 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 (Sign in the presence of a Notary Public. Use blue or black ink.) ➤	_____ 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. **Answer all questions.** We cannot issue a license unless all questions 1 - 12 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:** For question 12, carefully read **ALL** the criteria below to determine whether fingerprints are required in your situation. **You must answer Question 12. If you do not answer question 12, your conduct form will be returned to you for completion.** If fingerprints are required, indicate how and when prints are being submitted. Fingerprints must be prepared on cards obtained directly from the Department of Public Instruction or submitted electronically. (See dpi.wi.gov/tepd/fphelp.html).
 - If you have worked, resided, or physically attended classes 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 physically attended classes in any of the locations listed above.** (If you previously submitted prints that met approved FBI/CIB standards *and* have not worked, resided, or physically attended classes in any of the locations above since submitting your prints to DPI, then new prints are not required.)
 - If your license application contains a non-Wisconsin mailing address, you must 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 dpifingerprints@dpi.wi.gov. Be sure to include your complete mailing address in your request. You will be sent two Federal Bureau of Investigation (FBI) cards preprinted with DPI’s code. Prints must be prepared, by a law enforcement official, on those cards.

NOTE: Incomplete or incorrectly prepared cards will be returned to you for resubmission until they are prepared as specified in the instructions provided. See dpi.wi.gov/tepd/fphelp.html for instructions on completing the cards correctly.

Electronic Fingerprint Submission: The state of Wisconsin has contracted with a specific private vendor to offer “inkless” live scan technology fingerprinting. If you submit your prints electronically through our vendor, you are not required to request cards from DPI. Details about DPI-acceptable electronic fingerprint submission are available at: dpi.wi.gov/tepd/fphelp.html#electronic.

3. **Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. Notary Publics are available at schools and banks. 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: 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 pending 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.



Forms are available at: dpi.wi.gov/tepd/applications.html

I. APPLICANT INFORMATION *Complete and Forward To Institution*

Legal Name <i>First</i>	<i>Middle Int.</i>	<i>Last</i>	Social Security No.*
Address <i>Street, Box, City, State, Zip</i>			Telephone <i>Area/No.</i>
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
License(s) Requested			

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES *Complete and Return to DPI*

1. Did the applicant complete your institution's state-approved program leading to educator licensing?

YES, Applicant completed program on: _____ (Mo./Yr.)

Identify below Educator License(s) for which applicant qualifies in your state.

License Area	Subject/Category and/or Position	Grade/Development Level
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Pupil Services		
<input type="checkbox"/> Administrator		

NO, *Explain:*

2. The license(s) recommended in question 1 (above) is based on completion of a:

- Broad Field Major in: _____ with concentration(s) in _____
- Major in: _____
- Minor in: _____

3. Supervised Field Experiences (complete a and b, or c):

- a. Applicant completed a pre-student teaching practicum(s) in: _____ (Subjects/Grades)
- b. Applicant completed student teaching in _____ (Subjects/Grades)
 for _____ Weeks in an: Elementary School Middle School High School Other Setting
- c. Applicant completed a graduate practicum?
 Yes, *Position and Level:* _____ No

4. Testing — Did the applicant meet your state's passing scores on a:

- a. Basic skills test in reading (R), writing (W), and math (M)?
 Yes, Test Name(s) and Year: _____ No Test Not Required
- b. Standardized content test in all areas of licensure listed in question 1 above?
 Yes, *If ETS/Praxis II Content test(s), list Test Number, Score, and Year below.* No Test Not Required

Test Number	Score	Year

I, THE CERTIFYING OFFICER, CONFIRM that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer ➤	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr</i>
Institution Name	City/State	Telephone <i>Area/No.</i>
E-Mail Address		Fax <i>Area/No.</i>

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

Phone Number: (800) 266-1027 or (608) 266-1027

Website: dpi.wi.gov/tepd

This form is available at dpi.wi.gov/tepd/applications.html

To the Applicant: Complete Section I (print or type) and then send to your employer (District Administrator or Personnel Director) for completion of Sections II and III.

To the Employer: Please complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Mail the completed form to: **DPI—Educator Licensing, P.O. Box 7841, Madison, WI 53707-7841.**

I. APPLICANT INFORMATION

Name <i>Last, First, Middle, (Other/Previous)</i>	Social Security Number*
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Name of Employing School District / Agency	Location of Employment <i>School(s), City, State</i>
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II. EMPLOYMENT HISTORY

Dates (MM/YY)		Position Detail			
From	To	Position Held	Type of Teacher	If Teacher	
				Grades Taught	Subjects Taught
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		

III. EMPLOYER VERIFICATION

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

Exceptions, Limitations or Other Comments

Name of School District or Employer

Street	City, State, Zip Code
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Signature of Employer ➤	Date Signed
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Title	Employer Telephone <i>Area Code/No.</i>
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