

**INSTRUCTIONS:** The Educator Preparation Program (EPP) Contact Form is used by the EPP dean or agency administrator to request **or** remove access to users for certain functions related to the Department of Public Instruction (DPI) or Educator Licensing Online (ELO). **Once completed, email the form to the liaison assigned to you by DPI.** 

|  |   | I. EPP INF     | ORMATION                      |   |       |             |          |
|--|---|----------------|-------------------------------|---|-------|-------------|----------|
| EPP Name   |   |                |                               | E | PP 4- | -Digit ID 7 | Title II |
|  |   |                |                               |   |       |             |          |
| EPP Address Number/Street  |   |                | City                          |   |       | State       | Zip      |
|  |   |                |                               |   |       | WI          |          |
| Dean/ Director   |   |                | Title of Dean/ Director       |   |       |             |          |
| Phone No. Area Code/No.  |   |                | Email Address                 |   |       |             |          |
| Note: When adding new contacts, only indicate one or two people for that specific role. Indicate any contacts, on reverse side, who should be removed due to changes in personnel or responsibilities.   |   |                |                               |   |       |             |          |
|  |   | II. ACTIVE AND | NEW CONTACTS                  |   |       |             |          |
| PRIMARY Contact 1 Full Name First, Last Name   |   |                | Title of Primary Contact 1    |   |       |             |          |
| Phone No. Area Code/No.  |   |                | Email Address                 |   |       |             |          |
| Access to be granted Check all that apply.    Deans and Directors Distribution List Receives email from Director or Assistant Director of TEPDL   ECL Data Uploader Rights to submit endorsed candidates for licensure via ECL Upload   Certification Officer Responsible for endorsing candidates for licensure.   EPP Public Contact Contact listed on DPI website <a href="https://dpi.wi.gov/tepdl/epp/approved-programs">https://dpi.wi.gov/tepdl/epp/approved-programs</a>   Title II Contact (ETS, HEOA, WESTAT) Limit one Title II Contact per EPP   CRP Contact Coordinates CRP with DPI Liaison   WIP Coordinator Receives information regarding WIP |   |                |                               |   |       |             |          |
| ADDITIONAL Contact 2 Full Name First, Last Name  |   |                | Title of Additional Contact 2 |   |       |             |          |
| Phone No. Area Code/No.  |   |                | Email Address                 |   |       |             |          |
| Add Contact Effective Mo./Day/Yr.  | 3 |                |                               |   |       |             |          |
| ADDITIONAL Contact 3 Full Name First, Last Name  |   |                | Title of Additional Contact 3 |   |       |             |          |
| Phone No. Area Code/No.  |   |                | Email Address                 |   |       |             |          |
|  |   |                |                               |   |       |             |          |

Page 2 PI-1604

| II. ACTIVE AND NEW CONTACTS (cont'd)   |  |                               |                         |  |  |  |  |
|--|--|-------------------------------|-------------------------|--|--|--|--|
| Add Contact Effective Mo./Day/Yr.    Deans and Directors Distribution List Receives email from Director or Assistant Director of TEPDL   ECL Data Uploader Rights to submit endorsed candidates for licensure via ECL Upload   Certification Officer Responsible for endorsing candidates for licensure.   EPP Public Contact Contact listed on DPI website https://dpi.wi.gov/tepdl/epp/approved-programs   Title II Contact (ETS, HEOA, WESTAT) Limit one Title II Contact per EPP   CRP Contact Coordinates CRP with DPI Liaison   WIP Coordinator Receives information regarding WIP |  |                               |                         |  |  |  |  |
| ADDITIONAL Contact 4 F   | ull Name <i>First, Last Name</i>   | Title of Additional Contact 4 |                         |  |  |  |  |
| Phone No. Area Code/No.  |  | Email Address                 |                         |  |  |  |  |
| Add Contact Effective Mo./Day/Yr.  |  |                               |                         |  |  |  |  |
|  | III. DEACTIVA  | TE CONTACT                    |                         |  |  |  |  |
| CONTACT 1 Full Name Fir  | st, Last Name  | Title of Contact 1            |                         |  |  |  |  |
| Phone No. Area Code/No.  |  | Email Address                 |                         |  |  |  |  |
| Deactivate Contact<br>Effective Mo./Day/Yr.  |  |                               |                         |  |  |  |  |
| CONTACT 2 Full Name Fire   | rst, Last Name   | Title of Contact 2            |                         |  |  |  |  |
| Phone No. Area Code/No.  |  | Email Address                 |                         |  |  |  |  |
| Deactivate Contact<br>Effective Mo./Day/Yr.  | Access to be removed or deactivated Check all that apply.  Deans and Directors Distribution List Receives email from Director or Assistant Director of TEPDL  ECL Data Uploader Rights to submit endorsed candidates for licensure via ECL Upload  Certification Officer Responsible for endorsing candidates for licensure.  EPP Public Contact Contact listed on DPI website <a href="https://dpi.wi.gov/tepdl/epp/approved-programs">https://dpi.wi.gov/tepdl/epp/approved-programs</a> Title II Contact (ETS, HEOA, WESTAT) Limit one Title II Contact per EPP  CRP Contact Coordinates CRP with DPI Liaison  WIP Coordinator Receives information regarding WIP |                               |                         |  |  |  |  |
| IV. CERTIFICATION/SIGNATURES   |  |                               |                         |  |  |  |  |
| I HEREBY AUTHORIZE DPI to make the above additions or changes on behalf of our EPP. Email form to your liaison.  |  |                               |                         |  |  |  |  |
| Signature of Dean/ Director  |  | ·                             | Date Signed Mo./Day/Yr. |  |  |  |  |
| >  |  |                               |                         |  |  |  |  |