



Wisconsin Department of Public Instruction
**SUPPORT OF PROFESSIONAL DEVELOPMENT FUNDS
OR WISCONSIN IMPROVEMENT PROGRAM (WIP)**
INTERN APPLICATION
PI-1692-A (Rev. 10-21)

INSTRUCTIONS: Submit this completed and signed application by January 31 (fall interns) or June 1 (spring interns) with supporting documentation to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: BETH VANDER GRINTEN
LICENSING, EDUCATOR ADVANCEMENT AND
DEVELOPMENT TEAM
PO BOX 7841
MADISON, WI 53707-7841

Additional information is available at: <https://dpi.wi.gov/licensing/programs/wip>

GENERAL INFORMATION			
Intern Name <i>First, Middle, Last</i>		Intern License File Number dpi.wi.gov/licensing/license-lookup	
E-Mail Address	Telephone <i>Area/Nos.</i> (W) (H) (C)		
Mailing Address	City	State	Zip
College or University	Dates of Intern Placement <i>Include Year</i> <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____		
School District / School Where Intern is Placed School District		Name of School	

I REQUEST reimbursement of up to \$225 for expenses incurred for professional development activities and/or materials during the WIP intern placement. Reimbursable expenses include amounts that were paid "out-of-pocket" for items such as conferences and workshops (registration, meals, mileage, materials purchased); instructional materials for the classroom/school that remain in the school; etc. Receipts are attached for all expenses except mileage. Mileage will be computed using the state rate at the time the mileage occurred. For mileage reimbursement, I have attached a document describing the date and purpose of the professional development activity and round trip mileage. *Complete the budget section on the reverse side of this page (page 2).*

Reimbursement Should be Sent

☐ to Intern—*In addition to submitting this form to DPI, student interns must submit a W-9 form to DPI using this [secure link](#).*

☐ School District—*FEIN No.*

Mailing address—*Street, City, State, Zip*

SIGNATURES		
I CERTIFY that all information on this form and accompanying documents are true and correct. I understand any false statements will result in denial of payment.		
Signature of Intern <i>Must be original.</i> ➤		Date Signed <i>Mo./Day/Yr.</i>
Name of Cooperating Teacher		
Signature of Cooperating Teacher <i>Must be original</i> ➤		Date Signed <i>Mo./Day/Yr.</i>
FOR DPI USE		
<input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Disapproved	Reimbursement Amount	<i>If Disapproved, Reason for Disapproval</i>
Signature of DPI Official Responsible for Verification ➤		Date Signed <i>Mo./Day/Yr.</i>

	BUDGET	
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List specific cost incurred and provide receipts for all listed expenses except mileage.

Note: A total of \$225 per intern is available for professional development

Conference Costs

Registration Fee*		*A copy of flyer/brochure indicating date, registration fee, description of activity/training, and proof of payment are required.
Mileage* .51¢/mile		*Attach a document describing the date and purpose of the professional development activity and roundtrip mileage.
Lodging* \$70/day max		*After activity is concluded, the original lodging bill and proof of payment are required. Maximum rate is \$80/day in Milwaukee, Waukesha, and Racine counties.
Meals		
Breakfast(s) \$8 max		
Lunch(es) \$10 max		
Dinner(s) \$20 max		
Break(s) \$5 per break		
Materials*		*A breakdown of materials purchased and a receipt showing proof of payment are required.
TOTAL		

School / Classroom Materials

Materials*		*A breakdown of materials purchased and a receipt showing proof of payment are required.
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