



INSTITUTIONAL ENDORSEMENT AND ASSURANCES

PI-1612 (Rev. 01-14)

Forms are available at: <http://tepd.dpi.wi.gov/licensing/supplementary-forms>

Educator Licensing Telephone: (608) 266-1027 or (800) 266-1027

INSTRUCTIONS TO INSTITUTION: Complete Section II and return to applicant:

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

I. APPLICANT INFORMATION Complete and Forward To Institution

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

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES Complete and Return to Applicant

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

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 or ACTFL 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 Type or Print Legibly	Date Signed Mo./Day/Yr
Institution Name	City/State	Telephone Area/No.
E-Mail Address	Fax Area/No.	

* 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.