



Wisconsin Department of Public Instruction

INSTITUTIONAL ENDORSEMENT AND ASSURANCES—PUPIL SERVICES

PI-1612-P (Rev. 06-17)

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

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

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

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

I. APPLICANT INFORMATION Completed by Applicant

Legal Name First	Middle Int.	Last	SSN * Last 4 Digits Only
Home Address <i>Street, Box, City, State, Zip</i>		Email Address	Telephone Area/No.
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
Pupil Services License(s) Requested			

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES Completed by Educator Preparation Program and Returned to Applicant

1. Did the applicant complete your institution's state-approved program leading to a pupil services license? Complete both Section 1a and 1b.

a. YES, Identify below educator license(s) for which applicant qualifies in your state.

License Area	Position	Grade/Development Level	Program Completion Date <i>MM/DD/YR</i>
Pupil Services			
Pupil Services			

NO, Explain: _____

b. **Type of Program:** Traditional IHE IHE Based Alternative Route Other Alternative Route

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

Graduate program in: _____

Degree Awarded *If Applicable*: _____ Conferred Date: _____

3. **Supervised Field Experiences** *Practicum*

Position	School/District	Grades

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES *Completed by Educator Preparation Program and Returned to Applicant* (cont'd)

4. **GPA Requirement** *Candidates who have a GPA in their license area of 3.0 or higher on a 4.0 scale may be excused from required content tests.*

Yes—The educator met the required GPA of 3.0 or higher in the licensure area(s).

GPA

No—The educator did not meet the required GPA of 3.0 or higher in the licensure area(s).

5. **Testing**—Did the applicant meet your state's passing scores for licensure on a:

a. Standardized test in all areas of licensure listed in question 1 above?

Yes

If yes, List test number and name, score, and date below.

No

Test Not Required

Test Number and Name	Score	Test Date <i>MM/DD/YR</i>
Test Number and Name	Score	Test Date <i>MM/DD/YR</i>

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>