



Wisconsin Department of Public Instruction

**INSTITUTIONAL ENDORSEMENT AND ASSURANCES—  
ORIENTATION AND MOBILITY**

PI-1612-OM (New 07-19)

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 Code /No.           |
| Name and Location of Institution                  |             | Degree Earned | Date of Graduation <i>Mo./Year</i> |

Program approved by the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER).

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES**

Completed by the Preparation Program and **Returned to Applicant**

1. Did the applicant complete your institution's AER-approved program for orientation and mobility?

Yes, *O&M Program Completion Date (mm/dd/yr):* \_\_\_\_\_

No, *Explain:* \_\_\_\_\_

2. The applicant has demonstrated knowledge and understanding of all the following concepts:

Yes     No    Child or adolescent psychology

Yes     No    Measurement and evaluation

Yes     No    Psychology of education or educational psychology

Yes     No    Curriculum and methods of instruction

**III. CONFIRMATION SIGNATURE**

**I CONFIRM** that the information provided above is accurate.

|   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| Signature of Authorized Official<br><br>➤ | Name <i>Type or Print Legibly</i> | Date Signed <i>Mo./Day/Yr.</i> |
| Position/Title                            | E-Mail Address                    | Telephone <i>Area/No.</i>      |

Program Name