



Wisconsin Department of Public Instruction  
**WISCONSIN EDUCATOR PREPARATION PROGRAM (EPP) VERIFICATION  
 FOR LICENSE WITH STIPULATIONS 1-YEAR (LWS1) SELF-REQUEST**  
 PI-1627 (New 03-24)

**INSTRUCTIONS:** This form is required and may only be used by an applicant working to complete a Wisconsin approved educator preparation program for licensure to self-request an initial one-year license with stipulations. This form is submitted with the first request only.

- The applicant must complete and sign Section I.
- The certification officer must complete and sign Section II.
- The applicant will attach this completed form along with transcripts verifying a bachelor’s degree to the application in ELO.

*For best results, any PDF form should be downloaded and opened in Acrobat Reader rather than filled out in the browser.*

**DIRECTIONS FOR APPLICANT:** Complete Section I, making sure to fill in all fields and sign. DO NOT fill in any field in Section II. Send the form with Section I completed to the CERTIFICATION OFFICER at the approved educator preparation program you are working with toward licensure to have them complete Section II.

<b>SECTION I – APPLICANT INFORMATION</b>			
<i>To be completed by the applicant</i>			
Legal First Name	Legal M.I.	Legal Last Name	
Applicant Email Address			
Anticipated License	DPI Entity Number	School ID Number <i>if applicable</i>	
Name of Employing School District			School Year Requested 20____-20____
<b>SIGNATURE OF APPLICANT</b>			

**By signing below, I affirm** that I understand and attest to the information provided below:

- I attest that I have been awarded a bachelor’s degree and have attached the required transcript from a regionally accredited college or university showing this degree.
- I attest that I have completed all coursework requirements, including student teaching/practicum/ internship, for the approved educator preparation program leading to the license requested.
- I attest that I understand I must take all outstanding tests by no later than August 31st of the year this license expires. If my attempts are unsuccessful, all future requests for the 1-year license with stipulations must be district-requested with evidence of [my progress from my program](#).
- I attest that I understand that if applying for a one-year license with stipulations for second semester, that this license will expire June 30th of the school year for which this license is requested.

Signature of Applicant ➤	Date Signed Mo./Day/Yr.
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**DIRECTIONS FOR CERTIFICATION OFFICER:** Verify that Section I has been completed by the applicant. Complete Section II and return the completed form to the applicant for them to include with their LWS1 application.

**SECTION II – EDUCATOR PREPARATION PROGRAM INFORMATION**

*To be completed by the Certification Officer*

I, the certification officer, confirm that the above-named applicant has completed all coursework requirements, including all clinical experiences such as student teaching/practicum/internship, in our approved educator preparation program and has only testing requirements to complete to be eligible for endorsement for the license(s) indicated.

License Subject(s)	Grade range or developmental level	Coursework Completed (MM/DD/YYYY)

Check the outstanding testing requirement(s) remaining for program completion and endorsement. For Praxis you must indicate the test number, for ACTFL you must indicate the language.

ACTFL Oral Proficiency Interview (OPI) \_\_\_\_\_

ACTFL Writing Proficiency Test (WPT) \_\_\_\_\_

edTPA

Foundations of Reading Test

Praxis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF CERTIFICATION OFFICER**

By signing below, I attest to the statements listed below:

- I attest that the required student teaching/practicum/internship component has been completed.
- I attest that the applicant has been awarded a bachelor's degree.
- I attest that the education and testing information provided above is accurate.

Name of Certifying Officer	Name of Educator Preparation Program	
Email Address	City	State
Signature of Certification Officer ➤		Date Signed Mo./Day/Yr.