



Wisconsin Department of Public Instruction  
**INSTITUTIONAL ENDORSEMENT AND ASSURANCES—  
 ORIENTATION AND MOBILITY**  
 PI-1612-OM (New 02-26)

Forms are available on the [Department of Public Instruction website](#).

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

Application for [First-Time Application Orientation and Mobility License](#).

**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 Mo./Year

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 ➤	Name <i>Type or Print Legibly</i>	Date Signed <i>Mo./Day/Yr.</i>
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Position/Title	E-Mail Address	Telephone Area/No.
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Program Name

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