



Wisconsin Department of Public Instruction  
**REQUEST FOR A LICENSE WITH  
 STIPULATIONS FOR A TEACHING SUBJECT  
 AND PUPIL SERVICES POSITION**  
 PI 1624-LWS1 (Rev. 03-26)

**INSTRUCTIONS:** Only school districts, private schools, charter schools and CESA's are authorized to request a one-year license with stipulations for teacher or pupil services.

If your employee needs a one-year license for an administrator position, use ELO license type A201 with the form PI-1622-ADMIN instead.

**I. GENERAL INFORMATION**

CESA No.	LEA No.	Public school, private school, charter school or CESA name	Telephone Area/No.
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School No.	School Name–Location of Assignment	Charter School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, check box if Virtual Charter <input type="checkbox"/>
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License Requested	Development Level/Grade(s)
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Request for this person in this assignment(s) is a:

- First Time Request
- Renewal Request

School Year Assignment (e.g. 20XX-20XX)	Applicant Name <i>First, Middle, Last</i>
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**Identify the pathway to full licensure the applicant will utilize for a first request and is using in any subsequent request to become eligible for full licensure. Check one of the numbered options below.**

- 1) ENROLL(ED) in** an approved licensure program leading to the license requested.

Name of Educator Preparation Program	Anticipated Completion Date Mo./Day/Yr.
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If a renewal request, you must check one of the options below and complete and submit the [PI-1624-PROG Form](#).

- a) I confirm the applicant completed at least six semester credits in this program during the last 1-year license term; or
- b) I confirm the applicant had already completed the coursework and attempted any non-coursework requirements (e.g., test); or
- c) I confirm the applicant did not meet a) or b) (see renewal acknowledgement below).

- 2) PASS** the appropriate test(s) required to apply for [licensure via content test](#) (restricted based on license held).

Test Name	Registration Date Mo./Day/Yr.
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- 3) PASS** the appropriate test(s) for a [Charter School License](#) (for non-virtual charter teaching assignments)

Test Name	Registration Date Mo./Day/Yr.
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- 4) SUCCESSFULLY COMPLETE** the [Montessori Pathway](#).
- 5) SUCCESSFULLY COMPLETE** the [American Board for the Certification of Teacher Excellence \(ABCTE\)](#).

- 6) SUCCESSFULLY COMPLETE** the school district sponsored portfolio pathway. If the department grants 1-year license and the applicant becomes eligible next school year, they shall apply for [the 3-year license with stipulations](#).

**Renewal Acknowledgement** If you checked 1) c) or (2-5) above and the applicant did not complete their chosen pathway by August 31 of the year the one-year license with stipulations expired, our school district, charter school, private school or CESA requests the department consider renewal with the attached clear and convincing evidence confirming how the applicant will complete any outstanding requirements of their chosen pathway. Please see the [How to Document Clear and Convincing Evidence](#) tip sheet.

**II. ATTESTATION—REQUIRED**

**I ATTEST** the information on this form is true and that:

- a search for a fully licensed candidate was conducted and fully licensed and qualified candidates were not acceptable per Wisconsin Administrative Code [PI 34.028](#).
- I understand this teacher will be considered as teaching out of field and either inexperienced or unqualified under Title I of the federal Elementary and Secondary Education Act.
- I understand a request for renewal require that the applicant has met the requirements for renewal under [PI 34.028\(4\)](#).
- *Special Education Requests Only:* I understand this request meets federal Individuals with Disabilities Education Act (IDEA) requirements, including our district/school’s need to provide high-quality professional development that is sustained, intensive and classroom-focused; to provide intensive supervision, including regular ongoing support; and that the teacher must demonstrate yearly adequate progress toward program completion. IDEA requires the teacher to complete all licensure requirements to be eligible for full licensure within three school years.

Name of Administrator or authorized Designee ( <i>Type/Print Clearly</i> )	Title
Email Address	Phone Area Code/No.
Signature of Administrator or Authorized Designee	Date Signed Mo./Day/Yr.