

**LICENSE APPLICATION -
INITIAL EDUCATOR
ADVANCEMENT OR REISSUANCE**

PI-1602-ADV (Rev. 01-11)

Page 1

FOR MORE INFORMATION:

Telephone No. (608) 266-1027 or 1-800-266-1027

Application Forms: dpi.wi.gov/tepd/tepd/applications.html

We do not accept applications by FAX.

WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- ◆ Use this PI-1602-ADV application form if you are an educator who holds an Initial Educator License *without stipulations* (License Type: 20, 21, or 25) to request advancement to a Professional Educator License **or**, if advancement requirements were not met, an extension or reissuance of the Initial Educator License. License Type is printed on your paper license certificate and displayed on your License Lookup record (*see URL below*). (If you hold an Initial or Professional Educator License *with stipulations*, do not use this form. You must use the PI-1602-STP application form.)
- ◆ Application for advancement to the Professional Educator License may be submitted to DPI only *after* successful completion of the PDP and employment requirements and **no earlier than January 1** of the year your new Professional Educator License will begin. Application for extension or reissuance of an Initial Educator License may be submitted **after January 1** of the year your Initial Educator License expires.
- ◆ Type or print legibly using black or blue ink. Do not submit back-to-back copies of the application since pages of this application are separated for processing. **Keep a copy of your entire application and documentation since no documents can be returned to you.**
- ◆ For faster processing, mail the application, payment, PDP Verification form, Employment Verification form, notarized Conduct and Competency Review, fingerprint cards (if required), and other required documents **in one complete submission** to DPI's Milwaukee address at page bottom.
- ◆ Use the **License Lookup** to find Educator File Number, License Type, and to verify receipt of your application at DPI: dpi.wi.gov/tepd/lisearch.html.

LICENSE APPLICATION INSTRUCTIONS

I. Applicant Information: Fill in all sections. Primary phone number is a number where you can be reached between 8 a.m. and 4 p.m. Central Time.

II. Requirements for Advancement to Professional Educator License:

- Identify when you want the Professional Educator License to begin. If you also wish to add a new license, you must submit the appropriate separate application form (e.g., PI-1602-IS, PI-1602-AD, PI-1602-OS) and pay an additional application processing fee.
- Advancement of an Initial Educator License for a professional school employee requires verification of at least three years of regular (full-year) employment in the license category (teacher, pupil services, administrator) and successful completion of a professional development plan (PDP).
 - A. Employment Verification: Attach a signed PI-1613 Employment Verification form confirming that, during the term of your Initial Educator License, you have completed at least three years of regular (full year) employment in the license category of your Initial Educator License.
 - B. Professional Development Plan Verification: Attach a PI-PDP-2 Professional Development Plan Verification form signed by all three members of your PDP team. At least two of the three team members must verify completion of your PDP. Do **not** send the actual PDP to DPI. See dpi.wi.gov/tepd/pdp.html for more information.

III. Renewal of Other Licenses: To be eligible to renew other five-year educator licenses with this application (so that all educator licenses will be on the same five-year renewal cycle), you must document successful completion of a PDP or six semester credits, whichever is applicable. To verify credits, attach **original** grade reports or **original** transcripts and include your Educator File Number on each document.

PAYMENT AND MAILING INSTRUCTIONS

Fee payment of \$100 must be mailed with your application. Since the fee covers the cost of application review and processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. Fee is subject to change without notice.

CHECK OR MONEY ORDER: Make payable for \$100 to: Dept. of Public Instruction. Do not mail this page (page 1) if paying by check or money order. Attach the check or money order securely to the front of page 2 of this form (the page containing applicant information).

CREDIT CARD: Fill in account information below. We accept only MasterCard and VISA credit cards (**No check/debit cards**). This credit card payment page must have an *original signature* and will be retained by our bank. This page is not forwarded to DPI licensing consultants, *so be sure the reverse side does not contain any information* needed to process your application. **Attach this page on top of all other application materials.**

Credit Card Account Number												<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA		Applicant Name <i>If different than card holder</i>																							

Credit Card Expiration Date				Amount \$100				Type or Print Cardholder Name											
								Signature											
Month				Year				➤											

MAIL: Mail (regular 1st class U.S. mail only) application form (pg. 2), all documentation, and payment together to DPI's bank address:

DPI Educator Licensing, Drawer 794, Milwaukee, WI 53293-0794

The bank will deposit your fee, then courier all materials to the Madison licensing office. **Do not** mail or fax the application to DPI's Madison office.



Wisconsin Department of Public Instruction

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Page 2

FOR MORE INFORMATION:

Telephone No. (608) 266-1027 or 1-800-266-1027

Application Forms: dpi.wi.gov/tepd/tepd/applications.html

Mailing Address: **Do Not FAX the application.**

DPI Educator Licensing

Drawer 794, Milwaukee, WI 53293

I. APPLICANT INFORMATION

Legal Name <i>First</i>		<i>Middle</i>	<i>Last</i>	
Previous Name(s)		Educator File Number* (or SSN)		Date of Birth <i>Mo./Day/Yr.</i>
Address				P.O. Box
City		State	Zip Code	Zip Plus 4 <i>digits</i>
Primary Telephone (<i>include area code</i>)	Ext.	Alternate Telephone (<i>include area code</i>)		Ext.
Email Address				
Current District of Employment		<input type="checkbox"/> Not currently under district contract		Most Recent 5-year WI Educator License Issue Year : Expire Year

II. REQUIREMENTS FOR ADVANCEMENT TO PROFESSIONAL EDUCATOR LICENSE

BEGIN LICENSE ON: July 1,	<input type="checkbox"/> Check this box if you are also applying on a separate application form (e.g. PI-1602-IS, PI-1602-AD, PI-1602-OS) for a new area of licensure for this same licensing period.
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ALL applicants complete A and B below. Submit legible originals of verification forms. Do not use a highlighter on these items.

A. I have been employed in a regular (full-year) assignment in the category (teacher, pupil services professional, or administrator) of my Initial Educator License for a minimum of three full years during the term of my Initial Educator License as verified on the PI-1613.
☐ Yes, my Employment Verification (PI-1613) form: (*check one*) ☐ Is attached ☐ Will be mailed separately **
☐ No, reissue my Initial Educator License. Skip section B. below.

B. I completed my PDP and all three PDP team members have signed the PDP Verification form. At least two PDP team members of the required three have verified successful completion of my PDP on the PI-PDP-2 form.
☐ Yes, my PDP Verification (PI-PDP-2) form: (*check one*) ☐ Is attached ☐ Will be mailed separately **
☐ No, issue a one-year extension.

III. RENEWAL OF OTHER LICENSES

- ☐ Renew all of my five-year educator license(s) so that renewal cycles align, if eligible. (No additional fee or application is required.) I have attached documentation (original grade reports, transcripts, PDP completion form) verifying completion of the professional growth requirement. If applicable, indicate below any requests for **reactivation** of expired licenses or for **non-renewal** of specific grades/subject areas at this time.

* Six digit DPI Educator File Number from your License Look-up record (dpi.wi.gov/tepd/lisearch.html) or license certificate (upper left)

** Verification forms mailed separately must include your full name and DPI Educator File Number. **Mail to:** DPI Educator Licensing, PO Box 7841, Madison, WI 53707-7841. (The application (page 2) and fee payment **must** be mailed to DPI's Milwaukee address shown at top of page.)

You must attach a completed Conduct and Competency Review Form (PI-1602-A) to the application and, if required, submit fingerprints.

For DPI Use Only		For Bank Use Only	
<input type="checkbox"/> FP	<input type="checkbox"/> Conduct	Amount of Remittance \$100	Date Stamp

**CONDUCT AND COMPETENCY REVIEW****THIS FORM MUST BE SIGNED AND NOTARIZED.**

PI-1602-A (Rev 06-10)

Forms available at: dpi.wi.gov/tepd/1/applications.html**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.**

- ◆ **Complete this form fully and truthfully and sign it in the presence of a notary public** (most schools have a notary on staff). Carefully **read all form instructions** on the following page. **An incomplete form will delay processing of your application.**
- ◆ Answer **all questions 1-12**. Use blue or black ink only. "Teaching" refers to all licensed school personnel including but not limited to teachers, pupil services personnel, administrators, library media specialists, substitute teachers, licensed aides, etc.
- ◆ For any "Yes" answer to questions 1-11, include a detailed written explanation. Also submit complete copies of any related criminal complaint, criminal judgment, police reports, disciplinary letters/findings, correspondence etc. as applicable. **Note:** If you answered "Yes" to any question (1-11) on a previous DPI application and provided the necessary documentation to DPI at that time, check "PR" (Previously Reported) for that question, **unless a new reportable incident(s) has occurred since then.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR <small>Previously Reported</small>	1. Have you ever been disciplined for alleged misconduct including but not limited to verbal, physical, or sexual abuse or harassment in the course of any employment or as a member of any licensed or regulated profession?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged: (<i>check any which apply</i>) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence? (<i>See Definitions.</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	4. Is any investigation/discipline of your education related license or employment pending in any jurisdiction?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	5. Have you ever been convicted of violating any civil, state, or federal law or local ordinance for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (<i>check any which apply</i>) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	7. Have you ever participated in a deferred prosecution agreement to resolve a criminal matter?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	8. Are you currently on probation, parole, or other court-ordered supervision in any jurisdiction?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	9. Have you ever been acquitted or found not guilty by reason of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis of an offense involving sexual conduct, or harm or threat of harm to another?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	10. Is any investigation or criminal charge pending against you in any jurisdiction?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PR	11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning your conduct as an educator or in an educationally related position or setting?
<input type="checkbox"/> Yes	<input type="checkbox"/> No		12. Are you required to submit fingerprints to DPI with your license application? (<i>See Instructions.</i>)
If Yes , check one box below to indicate submission method. Provide date if cards are not enclosed. Two Cards <input type="checkbox"/> Enclosed or <input type="checkbox"/> Mailed on _____(date) OR Electronic Submission <input type="checkbox"/> on _____(date)			

UNDER OATH, I swear that all information on this form and on the accompanying license application(s) and documentation is true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license.

I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.

Name <i>Print or type</i>	Sworn and signed before me this _____ day of _____ in the year _____.
Signature (<i>Sign in the presence of a Notary Public. Use blue or black ink.</i>) ➤	Notary Public, _____
Social Security No. *	My commission expires on _____

**Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.*

**INSTRUCTIONS AND DEFINITIONS
CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)**

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A "yes" answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Answer all questions.** We cannot issue a license unless all questions 1 - 12 are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*

2. **Fingerprints:** For question 12, carefully read **ALL** the criteria below to determine whether fingerprints are required in your situation. **You must answer Question 12. If you do not answer question 12, your conduct form will be returned to you for completion.** If fingerprints are required, indicate how and when prints are being submitted. Fingerprints must be submitted electronically or prepared on cards obtained directly from the Department of Public Instruction (see dpi.wi.gov/tepd/fphelp.html).

■ If you have worked, resided, or physically attended classes in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain within the last twenty years *after age 17*, **you must submit fingerprints** with your license application.

■ Even if you previously submitted fingerprints to the Department of Public Instruction **you must submit fingerprints again if, since the previous submission, you have worked, resided, or physically attended classes in any of the locations listed above.** (If you previously submitted prints that met approved FBI/CIB standards *and* have not worked, resided, or physically attended classes in any of the locations above since submitting your prints to DPI, then new prints are not required.)

■ If your license application contains a non-Wisconsin mailing address, you must submit fingerprints.

Electronic Fingerprint Submission: The state of Wisconsin contracts with a specific private vendor to offer "inkless" live scan technology fingerprinting. This service is available only at specifically designated Wisconsin locations. If you are able to submit prints electronically through our vendor at one of the Wisconsin locations, you are not required to request fingerprint cards from DPI. More information about DPI-acceptable electronic fingerprint submission, including service locations, is available at: dpi.wi.gov/tepd/fphelp.html.

Fingerprint Cards: If you do not submit prints electronically, you must request fingerprint cards from DPI by sending a request to dpifingerprints@dpi.wi.gov or by calling 1-800-266-1027. Cards and instructions will be mailed to you by U.S. mail. Be sure to provide your name and complete mailing address including zip code in your request. You will be mailed two Federal Bureau of Investigation (FBI) cards preprinted with DPI's code. Prints must be prepared, by a law enforcement official, on those cards.

NOTE: Incomplete or incorrectly prepared cards will be returned to you for resubmission until they are prepared as specified in the instructions provided. See dpi.wi.gov/tepd/fphelp.html for instructions on completing the cards correctly.

3. **Signature and Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. ***If you do not sign the form or if your signature on the form is not notarized, your conduct form will be returned to you for completion.*** Notary Publics are available at schools and banks. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: dpi.wi.gov/tepd/notary.html.

Definitions

"Immoral Conduct" means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

"Incompetence" means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

Reminders

Issuance or renewal of any license or permit by DPI is conditional pending the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.



WI DEPARTMENT OF PUBLIC INSTRUCTION
EDUCATOR LICENSING
P.O. BOX 7841
MADISON, WI 53707-7841

Phone Number: (800) 266-1027 or (608) 266-1027

Website: dpi.wi.gov/tepd

This form is available at dpi.wi.gov/tepd/applications.html

To the Applicant: Complete Section I (print/type) and send to employer (District Administrator/Personnel Director) for completion of Sections II and III. (If employer returns the completed form to you, attach to your application and mail to: DPI-Educator Licensing, Drawer 794, Milwaukee, WI 53293.)

To the Employer: Complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Please mail the completed form directly to: **DPI-Educator Licensing, P.O. Box 7841, Madison, WI 53707-7841.**

I. APPLICANT INFORMATION	
Name Last, First, Middle, (Other/Previous)	Social Security Number*
Name of Employing School District / Agency	Location of Employment School(s), City, State

II. EMPLOYMENT HISTORY					
Dates (MM/YY)		Position Detail			
From	To	Position Held	Type of Teacher	If Teacher Grades Taught	Subjects Taught
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		

III. EMPLOYER VERIFICATION

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the education employment listed above was successful.

Exceptions, Limitations or Other Comments

Name of School District or Employer	
Street	City, State, Zip Code
Signature of Employer ➤	Date Signed
Title	Employer Telephone Area Code/No.

* Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.