

Department of Public Instruction
Lockbox #179

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932809

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PURCHASE ORDER AND CHECK NUMBER
932809

THIS IS A CHECK

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TO WISCONSIN DEPT OF PUBLIC
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BLACKWELL NORTH AMERICA, INC.

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By: _____
 TITLE: VICE PRESIDENT

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Department of Public Instruction
Lockbox #794



LICENSE APPLICATION—
5-YEAR RENEWAL

PI-1602-5R (Rev 04-05)
Page 2

FOR INFORMATION CONTACT:

Telephone No (608) 266-1027
Voice Mail No 1-800-266-1027
Web Site www.dpi.state.wi.us/dlsis/tel

License application forms are available at www.dpi.state.wi.us/dlsis/tel/applications.html

I. APPLICANT INFORMATION

Form section I containing fields for Legal Name (First, Middle, Last), Previous Name(s), Social Security Number, Date of Birth, Address, City, State, Zip Code, Telephone numbers, Email Address, and Wisconsin Driver's License Number.

II. LICENSE RENEWAL AND CONTINUING EDUCATION (To add new grades or subject areas to a license. see note at top of page 1.)

Form section II containing fields for Begin Renewed License(s) On, Most Recent Wisconsin Educator License Issue Year, Expire Year, Current District of Employment, and Not Under District Contract.

Check box B OR C to renew regular licenses. Use Line A only to request a substitute license OR a master educator license.

A. Renew or Issue a 5-year substitute license only. Issue a Master Educator License (Attach copy of NBPTS certificate)

B. I have completed the continuing education requirement (see instructions). Renew my 5-year license(s). (Also see Section III)

Teachers, Pupil Services, Administrators: Check the appropriate box(es) below regarding your continuing education. Attach documentation to this application. (Send legible originals, not fax copies or photocopies. Do not use highlighter on these items.)

Continuing Education Documentation (6 semester credits, 180 clock hours, or combination OR completion of NBPTS process):

Original Transcripts, Grade Reports, PI-1681 Forms All Attached Some or All will be mailed separately *
Photocopy of NBPTS Certificate or Notification Letter Attached Will be mailed separately *

C. I have not completed the continuing education requirement. Issue a 1-year nonrenewable license. (Also see Section III)

Were you employed under a district contract in teaching, pupil services or administration in the previous five years?

YES School District Name: Position:

NO Because you were not employed under a district contract in teaching, pupil services or administration in the previous five years, you must submit a letter of request from an employing district for a 1-year nonrenewable license.

Letter of Request from Employing School District: Attached Will be mailed separately *

NON-RENEWAL REQUESTS: If you are licensed in specific grades or subject areas that you do not wish to renew, list them below

*If any transcripts, grade reports, PI-1681 forms, or letters are submitted separately, each item must include your full name and social security number. Mail to: DPI Teacher Licensing, PO Box 7841, Madison, WI 53707-7841. (The application and fee payment must be mailed to the Milwaukee address.)

III. ALL LICENSEES IN ELEMENTARY, EARLY CHILDHOOD, READING TEACHER OR READING SPECIALIST MUST COMPLETE.

By state law, persons who hold a license (regardless of teaching assignments) for elementary, early childhood, reading teacher or reading specialist (including 5-yr substitute licensees) must have training in the teaching of reading that includes phonics as a method. "Phonics" is defined as teaching reading using letter sounds and sounds of letter groups. Check the first box if you have had phonics instruction at any time in your professional career (including as an undergraduate). Check the second box if you have not had phonics instruction.

PHONICS TRAINING: was completed in a previous course, conference, seminar, or workshop was not completed.

You must complete a Conduct and Competency Review Form (PI-1602-A) and submit fingerprint cards if required.

Form section III containing fields for For DPI Use Only (FP, Conduct), Amount of Remittance (\$100), and For Bank Use Only (Date Stamp).



Wisconsin Department of Public Instruction
**LICENSE APPLICATION—
 INITIAL IN-STATE
 TEACHING OR PUPIL SERVICES**
 PI-1602-IS (Rev. 12-04) Page 2

FOR INFORMATION CONTACT

Telephone No (608) 266-1027
 Voice Mail No 1-800-266-1027
 Web Site www.dpi.state.wi.us/dlsis/tel
 Application forms www.dpi.state.wi.us/dlsis/tel/applications.html
DO NOT FAX THE APPLICATION

I. APPLICANT INFORMATION

Legal Name	First	Middle	Last
Previous Name(s)	Social Security Number*		Date of Birth Mo /Day/Yr
Address			P O Box
City	State	Zip Code	Zip Plus 4 digits
Primary Telephone (include area code)	Ext	Alternate Telephone (include area code)	Ext
Email Address			

II. LICENSE(S) REQUESTED

Indicate grade level(s), subject(s), and position(s) for which you are requesting a license

Grade Level(s) / Developmental Range(s)	Subject(s)/Category(ies) and/or Position(s)	Date License is to Begin: July 1, _____
		Driver's License Number and State <i>(Only if requesting Driver Ed. License)</i>

III. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT

List each institution where you earned a degree or completed a state-approved educator licensing program with the most recent first.

Institution & Location (City/State)	Degree or Licensing Program	Graduation Date Mo /Year	Major(s)	Minor(s)	Concentration(s)

I, THE CERTIFYING OFFICER, CONFIRM that the education information listed in Section III is accurate. The applicant successfully completed this institution's state-approved program(s) for the license(s) requested in Section II above on the following date: _____ *Mo./Year.*

Signature of Certifying Officer ➤	Date Signed Mo /Day/Yr	Name of Institution
--------------------------------------	---------------------------	---------------------

For DPI Use Only <input type="checkbox"/> FP <input type="checkbox"/> Conduct	Amount of Remittance \$100	Date Stamp
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*Collection of Social Security Number is for processing purposes only.

Name	Social Security Number
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IV. EXPERIENCE OR PROFESSIONAL GROWTH REQUIREMENT

Complete this section ONLY if you completed your Wisconsin program over five years ago AND were never licensed in Wisconsin.

In the previous five years, were you employed by an elementary, secondary, or post-secondary public or private educational agency in a regular part-time or full-time contractual teaching or pupil services position for at least one semester?

<input type="checkbox"/> Yes ▶	School District/Educational Agency	Location <i>City/State</i>	Employment Dates	Position
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No ▶ *If No*, in the previous five years, did you complete six credits or the equivalent of professional growth coursework?

Yes You Must Attach Original Transcripts or Grade Reports*

No *If No*, you may be eligible for one of the license types below To apply, check the appropriate box(es).

Substitute Teaching License (Does not require employment or coursework in the previous five years.)

1-Year NonRenewable License (Attach a district request verifying employment for current school year*)

*If any materials will be mailed separately, *Check here:*

Include social security number on items mailed separately Mail to DPI Teacher Licensing, PO Box 7841, Madison, WI 53707-7841



LICENSE APPLICATION—
INITIAL IN-STATE ADMINISTRATION OR READING

PI-1602-AD (Rev 3-05)

Page 2

Application forms are available at: www.dpi.state.wi.us/dlsis/tel/applications.html

FOR INFORMATION CONTACT

Telephone No (608) 266-1027

Voice Mail No 1-800-266-1027

Web Site www.dpi.state.wi.us/dlsis/tel

DO NOT FAX THE APPLICATION

I. APPLICANT INFORMATION

Legal Name First Middle Last
Previous Name(s) Social Security Number* Date of Birth Mo /Day/Yr
Address P O. Box
City State Zip Code Zip Plus 4 digits
Primary Telephone (include area code) Ext. Alternate Telephone (include area code) Ext.
Email Address

Current District of Employment Not currently under contract
I hold (or held) the WI license(s) checked below
Most Recent WI Educator License Issue Year Expire Year
Subject /Position:

II. INITIAL ADMINISTRATION OR READING LICENSE(S) REQUESTED

Check the License(s) Requested:
03 Superintendent 08 School Business Admin License Begin Date
10 Director of Instruction 51 Principal 64 Program Coordinator July 1,
65 Local Voc. Ed. Coordinator 80 Dir. of Sp. Ed /Pupil Serv 91 Library Media Supervisor
92 Instr. Technology Coordinator 316 Reading Teacher 17 Reading Specialist

III. EXPERIENCE (See instructions, not required for 08—business administrator applicants)

List each district or other education agency where you were employed as an educator. Send a PI-1613 Employment Verification form to each. The employer will complete the form and forward it to DPI. Attach an additional 8.5 x 11 page if needed

Table with 3 columns: Employer, Location (City, State), Indicate Status of PI-1613 Form. Includes checkboxes for 'Sent to Employer' or 'Enclosed'.

IMPORTANT: If the experience requirement was met by three years of pupil services experience, you must include a letter from your employer(s) verifying that your experience includes at least 540 hours of successful classroom teaching experience.

Letter confirming 540 hours of classroom teaching experience: Enclosed Will be sent separately Not applicable

IV. GRADUATE EDUCATION PROGRAM AND INSTITUTIONAL ENDORSEMENT

List most recent degree first. Attach an additional 8.5 x 11 page if needed.

Table with 4 columns: Institution, Location (City, State), Degree/Licensing Program, Grad. Date

I, THE CERTIFYING OFFICER, CONFIRM that the education information listed above is accurate. The applicant has successfully completed this institution's state-approved program for the license(s) requested in Section II in (month, year).

Signature of Certifying Officer Date Signed Mo /Day/Yr Name of Institution

Applicant must also submit a completed PI-1602-A Conduct and Competency Review Form

For DPI Use Only For Bank Use Only
Amount of Remittance \$100 Date Stamp
FP Conduct

*Collection of social security number is a requirement of s 118 19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission



Wisconsin Department of Public Instruction

LICENSE APPLICATION—
1-YEAR ADMINISTRATOR LICENSE

PI-1602-AD1 (Rev 3-05)

Page 2

Application forms are available at: www.dpi.state.wi.us/dlsis/tel/applications.html

FOR INFORMATION CONTACT

Telephone No (608) 266-1027

Voice Mail No 1-800-266-1027

Web Site www.dpi.state.wi.us/dlsis/tel

DO NOT FAX THE APPLICATION

I. APPLICANT INFORMATION

Form section I: APPLICANT INFORMATION. Fields include: Legal Name (First, Middle, Last), Previous Name(s), Social Security Number, Date of Birth, Address, City, State, Zip Code, Telephone numbers, E-mail Address, Current District of Employment, and License information.

II. PREREQUISITE EDUCATION AND EXPERIENCE

A. APPLICANT'S VERIFICATION: (All applicants, including school business administrators and those applying for renewal, must read and sign)

I UNDERSTAND that a 1-year administrator license may be renewed one time only. The license must be requested by the employing school board and I must provide satisfactory evidence from a state-approved program that I can complete the program by August 31st of the year the second 1-year license expires.

I UNDERSTAND that if I do not currently hold a Wisconsin teaching or pupil services license and I am applying for any administrative license other than school business administrator, I must complete Sections B and C and verify three years of full-time teaching or three years of full-time pupil services experience which includes at least 540 hours of successful classroom teaching experience.

Signature of Applicant and Date Signed fields.

B. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT: (First time 1-year administrator applicants who do not hold a Wisconsin teaching or pupil services license (except school business administrator applicants) must complete this section)

List each college or university where you earned a degree or completed an educator licensing program. Attach additional 8 1/2 x 11 page if needed. Send a PI-1612 Institutional Endorsement form (with Part 1 completed) to each. Institutions will complete the form and forward it to DPI.

Table with 3 columns: Institution, Location (City, State), and Indicate Status of PI-1612 Form (Sent to Institution, Enclosed).

C. EXPERIENCE VERIFICATION: (All first time 1-year administrator applicants, except business administrator applicants, must complete.)

List each district or other education agency where you have been employed as an educator. Attach additional 8 1/2 x 11 page if needed. Send a PI-1613 Employment Verification form (with applicant information completed) to each. The employer should complete the form and forward it to DPI.

Table with 3 columns: Employer, Location (City, State), and Indicate Status of PI-1613 Form (Sent to Employer, Enclosed).

IMPORTANT: If your experience requirement has been met by three years of pupil services experience, you must also include a letter from your employer(s) verifying that your experience includes at least 540 hours of successful classroom teaching experience.

Status of Letter confirming 540 hours of classroom teaching experience: Enclosed, Will be sent separately, Not applicable.

Applicant must also complete and sign the attached Conduct and Competency Review Form (PI-1602-A)

Form section for remittance: For DPI Use Only, For Bank Use Only, Amount of Remittance (\$100), Date Stamp.

** Collection of social security number is a requirement of s 118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.

III. SCHOOL BOARD REQUEST

School District Requesting 1-Year Administrator License	Telephone Area/No	CESA Code	LEA Code
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School District Mailing Address Street or P O Box	City	Zip Code
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Request is for: <input type="checkbox"/> First 1-Year license <input type="checkbox"/> Second 1-Year license	Administrator License Requested: <i>Check all that are applicable</i>		
	<input type="checkbox"/> 03 Superintendent <input type="checkbox"/> 51 Principal <input type="checkbox"/> 91 Library Media Supv	<input type="checkbox"/> 08 School Business Administrator <input type="checkbox"/> 65 Loc Voc Ed Coordinator <input type="checkbox"/> 92 Instr. Technology Coordinator	<input type="checkbox"/> 10 Director of Instruction <input type="checkbox"/> 80 Director of Spec Educ /Pupil Services <input type="checkbox"/> 17 Reading Specialist

License Begin Date <i>Mo /Day/Yr (Date Hired)</i>	Employee Name <i>First, Middle, Last</i>	Social Security Number**
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Attached is a plan from a state-approved educator preparation program which confirms that the applicant can complete the program by August 31 of the year the second 1-year license expires

School Board Member Signature	Date Signed <i>Mo /Day/Year</i>
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** Collection of social security number is a requirement of s.118.19(1m) and 1(r) It is used solely for validation purposes and will not be released without written permission



Wisconsin Department of Public Instruction

LICENSE APPLICATION— INITIAL OUT-OF-STATE

PI-1602-OS (Rev 3-05)

Page 1 Application forms available at:
www.dpi.state.wi.us/dlsis/tel/applications.html

FOR INFORMATION CONTACT:

Telephone No (608) 266-1027
Voice Mail No 1-800-266-1027
Web Site www.dpi.state.wi.us/dlsis/tel

We do not accept applications by FAX

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

- ◆ Use the correct form The PI-1602-OS application is used by any applicant for a Wisconsin educator license who completed an approved college or university educator preparation program (for teaching, pupil services, or administration) **outside** of Wisconsin. If you have questions about licensing in Wisconsin, see FAQ—Non-Wisconsin Graduates at www.dpi.state.wi.us/dlsis/tel/fqlinit.html.
- ◆ Type or print legibly in black or blue ink. Do not submit pages photocopied "back-to-back" since pages of this application are separated for processing. **Keep a copy of the entire application and documentation. No documents can be returned to you.**
- ◆ Mail the application, transcripts, PI-1602-A Conduct and Competency Review, and fingerprint cards to DPI in one submission. Send PI-1612/PI-1613 forms to institutions/employers. Forms are available at: www.dpi.state.wi.us/dlsis/tel/applications.html.
- ◆ Verify the date that DPI received your application by checking the license data base at: www.dpi.state.wi.us/dlsis/tel/lisearch.html.

LICENSE APPLICATION INFORMATION

- I. Applicant Information:** Primary phone is a number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. License(s) Requested:** Describe the type of license(s) requested. Complete the phonics section if you request teacher licensure for early childhood, elementary, or reading teacher/specialist. See www.dpi.state.wi.us/dlsis/tel/fqlphon.html for Phonics FAQs.
- III. Post-Secondary Education and Institutional Endorsement:** The date you completed your initial educator preparation program affects evaluation of the application. For example, if you completed the initial program after August 31, 1992, you must have passing scores on the Praxis I PPST (or CBT) or other state-approved skills test in reading (175 (322)), writing (174 (320)), and mathematics (173 (318)). The certifying officer of the institution will complete Section II of the PI-1612 (including your state skills test status) and forward the form to DPI. In addition, if you completed your teacher training program after August 31, 2004, you are required to also verify successful completion of Wisconsin content area test(s). For more information, see www.dpi.state.wi.us/dlsis/tel/doc/testing.doc
Foreign Applicants: If you completed your training program outside the United States, submit a detailed course by course credential evaluation *instead of PI-1612 forms and transcripts*. See www.dpi.state.wi.us/dlsis/tel/foreign.html
- IV. Experience Verification:** Employers complete Section II of the PI-1613 Employment Verification form and forward it to DPI. PI-1613 forms are very important for administrators, reading teachers/specialists, and applicants with fewer than 18 weeks of student teaching. If you have not been employed in the teaching field in the previous five years you must submit evidence (original grade reports or transcripts) that you completed six semester credits or the equivalent of refresher course work during that time.
Note: Administrator licenses (except school business manager) require **eligibility** to hold a Wisconsin teaching or pupil services license (even if you do not apply for a teaching or pupil services license) and require verification of at least 3 years of full-time teaching experience or 3 years experience as a school psychologist, counselor or social worker **that includes at least 540 hours of successful classroom teaching experience**. **Reading Teacher/Specialists licenses** require verification of at least 2 years of successful regular classroom teaching experience.

PAYMENT AND MAILING INSTRUCTIONS

Fee payment of \$150 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. The application fee is subject to change without notice.

CHECK OR MONEY ORDER: Make payable for \$150 to: Dept. of Public Instruction. Attach the check/ money order securely to the front of the application page containing personal information (page 2). Do not mail this page (page 1) if paying by check or money order.

CREDIT CARD: MasterCard or Visa only (no debit cards). Fill in account information. This credit card payment page must have an original signature and will be retained by our bank. This page is not forwarded to DPI, so be sure that the reverse side does not contain any information needed to process the application. **Attach this page on top of other application materials.**

Account Number												<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA	
Expiration Date												Amount		Print or Type Cardholder Name	
												\$150		Signature ➤	
Month		Year													

MAIL (regular 1st class U.S. mail only) application, transcripts, license photocopies, and payment to DPI's bank address below

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

The bank will deposit your fee, then courier all materials to licensing consultants for review.

Do not send or fax applications to DPI's Madison office.



LICENSE APPLICATION—
INITIAL OUT-OF-STATE

PI-1602-OS (Rev. 3-05) Page 2

Application forms are available at: www.dpi.state.wi.us/dlsis/tel/applications.html

FOR INFORMATION CONTACT

Telephone No. (608) 266-1027

Voice Mail No 1-800-266-1027

Web Site www.dpi.state.wi.us/dlsis/tel

DO NOT FAX THE APPLICATION.

I. APPLICANT INFORMATION

Legal Name First Middle Last
Previous Name(s) Social Security Number* Date of Birth Mo /Day/Yr.
Address P O Box
City State Zip Code Zip Plus 4
Primary Telephone Include area code Ext Alternate Telephone Include area code Ext
E-mail Address

II. LICENSE(S) REQUESTED Describe the teaching, pupil services or administrative license(s) requested below.

Grade Level(s) Subject(s) and/or Position(s) Date License to Begin
July 1, _____

Check here for a Substitute Teaching License Only Attach copy of a teaching license you hold/held (see below) Fill in begin date above

If you hold or held an educator license in any U S state/territory, attach a copy of your license and complete the statement below

I am currently OR I was previously licensed in the state/territory of: _____

Applicants for Elementary, Early Childhood, Reading Teacher/Specialist Licenses: State law requires training in the teaching of reading that includes phonics (teaching reading using letter sounds and the sounds of letter groups) as a method (See instructions) Check one. Phonics Training was completed (e.g., a course, conference, seminar, workshop) OR was not completed

III. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT PI-1612 form(s) required (see instructions).

Provide the date that you graduated from your initial state-approved educator preparation program. (Month/ Day/Year)

List all institutions where you earned a degree or completed an educator licensing program. Attach an original transcript from each institution to this application. Send a PI-1612 Institutional Endorsement form (with Part 1 completed) to each institution.

Institution of Higher Education Location (City, State) Date PI-1612 Sent Original Transcript (no photocopies)
Attached To be mailed separately*
Attached To be mailed separately*
Attached To be mailed separately*

* Send separate transcripts to: DPI Teacher Licensing, PO Box 7841, Madison, WI 53707-7841. Include full name and social security number on each

Applicants who completed a non-United States educator preparation program: PI-1612 forms and transcripts are not required. Instead, attach a credential evaluation. Credential Evaluation: Attached Submitted previously To be mailed separately

IV. EXPERIENCE VERIFICATION PI-1613 form(s) required (see instructions).

List each district or education agency where you have been employed as an educator. Send a PI-1613 Employment Verification form (applicant information completed) to each. Administrators and Reading Teacher/Specialists: See instructions regarding experience requirement

School District/Agency Location (City, State) Dates of Employment Date PI-1613 Sent

For DPI Use Only

FP
Conduct

For Bank Use Only

Amount of Remittance

\$150

Date Stamp



Wisconsin Department of Public Instruction

LICENSE APPLICATION— RENEWAL OF 2-YEAR OR CONVERSION FROM 2-YEAR TO 5-YEAR

PI-1602-2R (Rev 4-15-04)
Page 2

FOR INFORMATION CONTACT:

Telephone No (608) 266-1027
Voice Mail No 1-800-266-1027

Web Site www.dpi.state.wi.us/dlsis/tel

This form is available at www.dpi.state.wi.us/dlsis/tel/applications.html

I. APPLICANT INFORMATION

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

II. WHICH 2-YEAR LICENSE(S) ARE YOU RENEWING? (License Begin Date: July 1,)

Grade Level(s)

Subject(s)/Position(s)

I have addressed all of the deficiencies identified in my 2-year license and am applying for a 5-year license.

III. COURSEWORK/TRAINING COMPLETED SINCE PREVIOUS 2-YEAR LICENSE WAS ISSUED

Deficiency Identified in 2-Year License	Actions Taken to Satisfy Deficiency	Documentation
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed separately
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed separately
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed separately
		<input type="checkbox"/> Attached <input type="checkbox"/> Mailed separately

IV. EXPERIENCE VERIFICATION (See Instructions)

I, THE EMPLOYING ADMINISTRATOR, CONFIRM that the educational experience described in Section III is accurate and that the applicant has successfully performed the required duties.

Signature of Employing Administrator	Date Signed <i>Mo./Day/Yr.</i>	School District/Agency
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Applicant must also complete and sign the attached Conduct and Competency Review Form (PI-1602-A)

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



LICENSE APPLICATION—
EMERGENCY LICENSE OR PERMIT

PI-1602-EL (Rev 11-05)
Page 2

FOR INFORMATION CONTACT

Telephone No (608) 266-1028
Voice Mail No 1-800-266-1027
Web Site dpi.wi.gov/tepdI

Collection of Social Security Number is a requirement of s 118.19(1m)
Application forms are available at dpi.wi.gov/tepdI/applications.html

I. APPLICANT INFORMATION
Legal Name First Middle Last
Previous Name(s) Social Security Number Date of Birth Mo./Day/Yr.
Address P O Box
City State Zip Code Zip Plus 4 digits
Primary Telephone (include area code) Ext. Alternate Telephone (include area code) Ext.
Email Address
Current District of Employment Most Recent Wisconsin Educator License
Issue Year Expire Year

II. TYPE OF EMERGENCY LICENSE OR PERMIT

Applicant Completes Parts A & B

PART A – Please answer all that apply:

- 1) I have already completed an educator training program
2) I hold or have held a Wisconsin educator license
2a. I have applied for regular licensure in Wisconsin

If no to question 2a, answer question 3 and submit with this application a PI-1612 Institutional Endorsement form. This form is available on our website at: dpi.wi.gov/tepdI

- 3) I have attached original transcripts from an accredited college (http://ope.ed.gov/accreditation) verifying a bachelor's degree
3a. I have previously submitted these transcripts

If no to question 3a, answer # 4 and either attach original transcripts to this application or send them to:

DPI Educator Licensing, PO Box 7841, Madison, WI 53707

4) This emergency assignment is in: Subject(s) Grade(s)

and this is a:

- First time request for an emergency license/permit or
Renewal of an emergency license/permit (see also Part V – Approved Program Verification)

PART B—Applicant's Verification

I UNDERSTAND that the issuance or denial of a emergency license or permit is at the discretion of the state superintendent. Renewal of this emergency license or permit will be considered only if the employing administrator requests renewal and satisfactorily explains the need, and if six semester credits (or the equivalent) in an approved program are satisfactorily completed between the beginning date of the emergency license or permit and August 31st of the year the license/permit expires. Verification in Part V—Approved Program Verification is required for renewal.

Applicant Signature Date Signed Mo./Day/Yr.

For DPI Use Only For Bank Use Only
Amount of Remittance \$100
Date Stamp

III. SCHOOL DISTRICT JUSTIFICATION FOR REQUEST

School District Requesting Emergency Licensure	Telephone Area/No	CESA No.	LEA No
School District Mailing Address <i>Street or PO Box</i>	City	Zip Code	

—INFORMATION ON THE REQUESTED EMERGENCY LICENSE/PERMIT IS AS FOLLOWS—

Employee Name <i>First, Middle, Last</i>	Social Security No.	Begin <i>Mo /Day/Yr</i>	Ending <i>Mo /Day/Yr</i>
Subject(s) and grade(s) of this emergency request:	Subject(s)	Grade(s)	

This emergency assignment is:

- Full-time (teaching in emergency subject(s) all day)
 Part-time (teaching in the emergency subject(s) ____% of the school day)
- Long-term substitute emergency license/permit

Fully explain and justify the need for this request below. This justification is a determining factor in the issuance or denial of the request. If fully licensed candidates are available, the request will be denied unless the justification clearly indicates the specific reason each licensed applicant was not employed. Attach additional 8 5" x 11" sheet, if needed

The following questions also apply for those teaching in core academic subjects as defined by NCLB. NCLB requires that all teachers of core academic subjects must be "highly qualified" by the end of the **2005-06** school year. As defined by NCLB, a teacher on an emergency license or permit in a core subject(s) is considered highly qualified **ONLY IF**:

- Yes No 1. the educator has demonstrated their content knowledge in the core subject(s) in which s/he will be teaching through either a major, a minor, or completion of Wisconsin's Praxis II content test(s);
- Yes No 2. the educator is enrolled in an approved teacher training program that will be completed in three years;
- Yes No 3. the district provides high quality professional development before and while teaching and intensive supervision or mentoring while teaching.

IV. SIGNATURE OF EMPLOYING ADMINISTRATOR

I **ACKNOWLEDGE** that the justification given and the answers to the "highly qualified" questions above (if applicable) are true

Name of Employing Administrator <i>Type or print clearly</i>	Title
Signature of Employing Administrator	Date Signed <i>Mo /Day/Yr.</i>

V. APPROVED PROGRAM VERIFICATION *To RENEW a one-year emergency license or permit. (including long-term substitute)*

I, **THE CERTIFYING OFFICER, CONFIRM** that the applicant is enrolled in this institution's state-approved education program which is designed to be completed **within three years**.

Within the last year the applicant has completed at least six credits or the equivalent toward full licensure in:	Licensure Program
Signature of Certifying Officer	Date Signed <i>Mo /Day/Yr.</i> Name of Institution/Program Provider



LICENSE APPLICATION—THREE-YEAR SHORT-TERM SUBSTITUTE PERMIT

PI-1602-SP (Rev 11-05) Page 2

FOR INFORMATION CONTACT

Telephone No (608) 266-1028
Voice Mail No 1-800-266-1027
Web Site dpi.wi.gov/tepd

Collection of Social Security Number is a requirement of s 118.19(1m)
Application forms are available at: dpi.wi.gov/tepd/applications.html

I. APPLICANT INFORMATION

Form section I containing fields for Legal Name (First, Middle, Last), Previous Name(s), Social Security Number, Date of Birth, Address, City, State, Zip Code, Telephone, and Email Address.

II. APPLICANT STATUS, DEGREE INFORMATION, AND DISTRICT REQUEST

Applicant completes Part A & B

Check the applicable box(es). Respond to all questions and provide all requested information and attachments.

PART A—This three-year short-term request is a:

Form section II containing checkboxes for First time request and Renewal request.

PART B—List the following information about your degree:

Form section II containing fields for Institution Name, Degree, and Date.

Note: ALL FIRST TIME PERMIT REQUESTS require official transcripts confirming the applicant's bachelor's degree from an institution accredited by an agency recognized by the United States Department of Education.

Form section II containing checkboxes for Transcript Status: Previously submitted to DPI, Attached, and To be mailed separately.

III. SCHOOL DISTRICT REQUEST AND SIGNATURE OF EMPLOYING ADMINISTRATOR

Form section III containing fields for School District Requesting Substitute Permit, Telephone Area/No., CESA No., LEA No., School District Mailing Address, City, and Zip Code.

Signature of Employing Administrator

Your signature confirms that your district has a shortage of fully licensed substitute teachers and that training for substitute teaching will be provided to the applicant.

Form section III containing fields for Name of Employing Administrator and Title.

Form section III containing fields for Signature of Employing Administrator and Date Signed.

Form section III containing checkboxes for For DPI Use Only (FP, Conduct) and For Bank Use Only (Amount of Remittance \$100, Date Stamp).



Wisconsin Department of Public Instruction

LICENSE APPLICATION— LICENSES NOT REQUIRING AN APPROVED EDUCATION PROGRAM

PI-1602-NP (Rev 04-04)

Page 2

FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027

Voice Mail No 1-800-266-1027

Web Site www.dpi.state.wi.us/dlsis/tel

This form is available at www.dpi.state.wi.us/dlsis/tel/applications.html

I. APPLICANT INFORMATION

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

II. WHICH LICENSE(S) ARE YOU REQUESTING? (License Begin Date: July 1,)

For Initial License Only Include transcript for all initial licenses. To renew, use Form 1602-5R (5 yr licenses) or 1602-2R (2 yr licenses).

- Educational Interpreter
 Orientation and Mobility Teacher
 School Audiologist

For Initial License or Renewal

Include a photocopy of your Dept. of Regulation & Licensing wallet card.

- | | |
|--|--|
| <input type="checkbox"/> School Occupational Therapist | <input type="checkbox"/> I hold a valid license issued by the WI Dept. of Regulation and Licensing |
| <input type="checkbox"/> School Occupational Therapist Assistant | <input type="checkbox"/> I hold a valid license issued by the WI Dept. of Regulation and Licensing |
| <input type="checkbox"/> School Physical Therapist | <input type="checkbox"/> I hold a valid license issued by the WI Dept. of Regulation and Licensing |
| <input type="checkbox"/> School Physical Therapist Assistant | <input type="checkbox"/> I hold a valid license issued by the WI Dept. of Regulation and Licensing |

III. POST SECONDARY EDUCATION

List most Recent Degree(s) First

Institution	Location City/State	Degree/Certification & Grad Date	Program Area

Applicant must also complete and sign the attached Conduct and Competency Review Form (PI-1602-A)

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



This form is available at www.dpi.state.wi.us/dlsis/tel/applications.html

I. APPLICANT INFORMATION

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

II. SCHOOL DISTRICT REQUEST (License Begin Date: July 1,)

I, THE EMPLOYING ADMINISTRATOR, REQUEST that the Department of Public Instruction issue a Special Education Program Aide license to this applicant.

Signature of Employing Administrator	Date Signed <i>Mo /Day/Yr.</i>	School District
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**Applicant must also complete and sign the attached Conduct and Competency Review Form (PI-1602-A)
 A copy of the form is attached.**

<i>For DPI Use Only</i>		<i>For Bank Use Only</i>	
<input type="checkbox"/> FP <input type="checkbox"/> Conduct		Amount of Remittance	Date Stamp
		\$75	