

Department of Public Instruction
Lockbox #179

PLEASE RETURN THIS ENTIRE FORM IF YOU CANNOT SHIP WITHIN 30 DAYS.
THIS IS A PURCHASE ORDER AND CHECK

P.O. NUMBER

932809

AGENT'S USE	QUANTITY ORDERED	TITLE / AUTHOR	LIST PRICE	DISC.	COST
01-00-06-3041/01	1	LEARNING FROM EXPERIENCE : A COLLECTION OF SERVICE-LEARNING PROJECTS LINKING ACADEMIC STANDARDS ISBN 1-57357-083-5 2000 CLOTH ONLY			
<p>X Boop House</p>					
<p>SHIP TO: 100 UNIVERSITY COURT, BLACKWOOD, NEW JERSEY 08012</p>					
INSTRUCTIONS: BLACKWELL'S BOOK SERVICES			FOR PUBLISHER USE		

1. PLEASE INDICATE LIST PRICE, OUR DISCOUNT AND OUR COST ON REPORT COPY AND SEND IT AS A PACKING SLIP WITH SHIPMENT.
2. IF YOU CANNOT SUPPLY A TITLE PLEASE NOTE REASON ON REPORT COPY. DO NOT FORWARD ORDER.
3. PLEASE FILL OUT AMOUNT ON CHECK AND REPORT COPY FOR ALL BOOKS SHIPPED.
4. PLEASE SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS.
5. PLEASE SHIP VIA UPS OR OTHER TRACEABLE MEANS.
6. DO NOT SUPPLY SUBSCRIPTION ITEMS. REPORT ONLY.
7. OUR P.O. NUMBER MUST APPEAR ON ALL LABELS AND PACKING SLIPS.

856-228-8900 EXT 0

GENERAL ACCOUNTING COPY

BLACKWELL NORTH AMERICA, INC. DBA
BLACKWELL'S BOOK SERVICES
100 UNIVERSITY COURT,
BLACKWOOD, NEW JERSEY 08012

SAN: 189-4596

usbank.
24-Hour Banking
1-800-673-3555

24-22
1230

PURCHASE ORDER AND
CHECK NUMBER

932809

THIS IS A CHECK

DATE 2002001

PAY _____ DOLLARS

VOID OVER \$*****50 DOLLARS AND 00 CENTS

VOID 60 DAYS AFTER DATE

TO WISCONSIN DEPT OF PUBLIC
THE INSTRUCTION
ORDER PUBLICATION SALES
OF DRAWER 179
MILWAUKEE WI 53293-0179

BLACKWELL NORTH AMERICA, INC.

NON-NEGOTIABLE

By: _____
TITLE: VICE PRESIDENT

REPORT COPY AND/OR PACKING SLIP

P0231819

932809 123000220153600012196

Department of Public Instruction
Lockbox #794

**LICENSE APPLICATION—
5-YEAR RENEWAL**

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

Page 1

License Application Forms 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 WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- ◆ Use the correct form(s). The PI-1602-5R application is used to renew (or reactivate) a 5-year educator license, request or renew a 5-year substitute license, or request a Master Educator license based on NBPTS certification. To add a new certification to your licensure, you must submit a separate application form (e.g., PI-1602-IS, PI-1602-AD, PI-1602-OS) and application processing fee.
- ◆ Type or print legibly in black or blue ink. Do not submit back-to-back photocopies 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.**
- ◆ Apply for renewal as soon as possible **after January 1** in the year your license expires. DPI processes over 30,000 applications each year. To avoid backlog and long processing delays, do not wait until the June 30 deadline to submit your application.
- ◆ For faster processing, mail your application, all continuing education documentation (transcripts, grade reports, PI-1681 forms, NBPTS documents), PI-1602-A Conduct and Competency Review, and fingerprint cards (if required) **in one complete submission.**
- ◆ Verify the date that DPI received your application by checking the license database at: www.dpi.state.wi.us/dlsis/tel/lisearch.html.

LICENSE APPLICATION INSTRUCTIONS

- I. Applicant Information:** Fill in all sections. Primary phone is a number to reach you from 8 a.m. to 4 p.m. Central Standard Time.
- II. Applicant Renewal and Continuing Education:** A. Use this form to request a 5-year substitute license (continuing education not required) OR a Master Educator License (requires NBPTS certification). Eligibility for a 5-year substitute license requires completion of a state-approved educator preparation program. (If you did not complete an educator preparation program but do hold a bachelor's degree, you may apply for a 3-year substitute teaching permit using the PI-1602-EL application form. See FAQs--Substitute Teaching at www.dpi.state.wi.us/dlsis/tel/fqsub.html.) B. Renewal of a 5-year license for all professional school employees depends on completion of the continuing education requirement of six semester credits or the equivalent during the last five years. Credits must be from a baccalaureate or graduate degree granting college or university accredited by an agency recognized by the U.S. Dept. of Education. See <http://ope.ed.gov/accreditation/> to check accreditation. DPI-approved Equivalency Clock Hours may be used for this requirement (30 clock hours of DPI-approved activities equal one semester credit). Transcripts submitted for *technical college courses* must first be verified for clock hour conversion by the technical college registrar. **Attach documentation of six college credits of continuing education (original transcript or grade reports),** PI-1681 (equivalency clock hours) completion forms, or your NBPTS certificate or notification letter. See www.dpi.state.wi.us/dlsis/tel/renewal.html for more information. C. If you have not met the continuing education requirement at the time your license expires on June 30, you may apply for a 1-year nonrenewable license. If you have not been employed under a district contract in the previous five years, attach a letter of request from an employing school district to obtain the 1-year nonrenewable license.
- III. Phonics Training Requirement:** Check one box. Licenses for Elementary, Early Childhood, Reading Teacher, or Reading Specialist cannot be issued until the phonics training requirement is met. See www.dpi.state.wi.us/dlsis/tel/fqphon.html.

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 (the application page containing your personal information).*


CREDIT CARD: Fill in account information below. We accept only MasterCard and VISA. We do not accept debit cards. This credit card payment page must have an *original signature* and will be retained by our bank. Since this page is not forwarded to DPI licensing consultants, *be sure that the reverse side does not contain any information needed to process your application.* **Attach this page on top of all other application materials.**

Account Number										<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
				—					—		—

Expiration Date

		—		
Month			Year	

Amount	\$100
--------	--------------

Type or Print Cardholder Name
Signature


MAILING: Mail (regular 1st class U.S. mail only) all application forms, documentation, and payment together 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** mail or fax the application to DPI's Madison office.



Wisconsin Department of Public Instruction

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

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			Wisconsin Driver's License Number (Driver Education licensees only)

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

Begin Renewed License(s) On: July 1, _____	Most Recent Wisconsin Educator License Issue Year _____ Expire Year _____	Current District of Employment OR <input type="checkbox"/> 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.

For DPI Use Only	For Bank Use Only	
<input type="checkbox"/> FP <input type="checkbox"/> Conduct	Amount of Remittance \$100	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 (Only if requesting Driver Ed. License)
---	---	--

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

*Collection of Social Security Number is for processing purposes only.

Name

Social Security Number

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?

☐ Yes ►

School District/Educational Agency	Location City/State	Employment Dates	Position
------------------------------------	---------------------	------------------	----------

☐ 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



Wisconsin Department of Public Instruction

LICENSE APPLICATION— INITIAL IN-STATE ADMINISTRATION OR READING

PI-1602-AD (Rev 3-05)

Page 1

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

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-AD form if, based on completing an approved Wisconsin college/university administration or reading program, you:
1) are applying for an initial license as a superintendent (03), director of instruction (10), instructional technology coordinator (92), director of special education and pupil services (80), principal (51), program coordinator (64), reading specialist (17), library media supervisor (91), or local vocational education coordinator (65). *You must hold, or be eligible to hold, a Wisconsin educator license in:*
a) teaching and have three years of successful teaching experience OR b) a pupil services category (counselor, social worker, or psychologist), have three years of successful experience in the category, and 540 hours of classroom instruction experience.
2) are applying for an initial, license as a school business administrator (08)
3) are applying for an initial license as a reading teacher (316). *You must hold, or be eligible to hold, a Wisconsin teaching license and have two years of successful teaching experience.*
- ◆ Type or print legibly in black or blue ink. Do not submit "back-to-back" photocopies since pages of the application are separated for processing. **Keep a copy of your entire application including all documentation** since no documentation can be returned to you
- ◆ Send a **complete** application packet (including fee payment, Conduct and Competency Review, and fingerprint cards (if required)) to the **certifying officer** of the college/university where you completed the approved program.
- ◆ Verify that DPI received your application by checking the educator license database at www.dpi.state.wi.us/dlsis/tel/lsearch.html

LICENSE APPLICATION INFORMATION AND PROCEDURES

- I. **Applicant Information:** Primary phone number is where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. **License(s) Requested:** Indicate the initial administrative or reading license(s) required and the date the license(s) should begin.
- III. **Experience:** Send a PI-1613 Experience Verification form to each education employer to verify the experience requirement (see top of page) has been met (*not required of applicants who already hold a Wisconsin administrator license or are applying for school business administrator licensure*). If your application is based on holding (or eligibility to hold) a Wisconsin pupil services license, also attach a letter from an employing administrator verifying 540 hours of successful classroom instruction experience.
- IV. **Graduate Education and Institutional Endorsement:** List only graduate degrees or licensing programs, the most recent first. Attach an 8.5 x 11 sheet if needed. The endorsement section must be completed by the certifying officer of your college/university

PAYMENT INSTRUCTIONS

Fee payment (\$100) must be mailed with your application. Since the fee covers the cost of license application review/processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. Application 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/money order securely to the front of page 2 (page containing applicant information)**

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

PAYMENT BY CREDIT CARD: Fill in below and attach to the application. We accept **only** MasterCard and VISA

Account Number										<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA	

Expiration Date			
Month		Year	

Amount
\$100

Print or Type Cardholder Name
Signature

MAILING INSTRUCTIONS (Do not FAX)

Mail the entire application packet, including fee payment to the certifying officer of your Wisconsin college/university for endorsement. The college will forward your application to DPI's bank: **DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**

Do not mail or fax applications to DPI's Madison office. After fee deposit, all materials are couriered to consultants for review.



Wisconsin Department of Public Instruction

**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 <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 <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 contract	I hold (or held) the WI license(s) checked below <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil services <input type="checkbox"/> Administrator Subject /Position:	Most Recent WI Educator License Issue Year	Expire Year
--------------------------------	---	---	---	-------------

II. INITIAL ADMINISTRATION OR READING LICENSE(S) REQUESTED

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

Employer	Location (City, State)	Indicate Status of PI-1613 Form
		<input type="checkbox"/> Sent to Employer or <input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer or <input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer or <input type="checkbox"/> 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.

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 <i>Mo /Day/Yr.</i>	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
<input type="checkbox"/> FP <input type="checkbox"/> Conduct	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

**LICENSE APPLICATION—
1-YEAR ADMINISTRATOR LICENSE**

PI-1602-AD1 (Rev 3-05)

Page 1

This form is available at: www.dpi.state.wi.us/dsis/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 this PI-1602-AD1 application only if you are applying for or renewing a 1-year administrator license. The license is requested by an employing school board on behalf of a candidate who is currently enrolled in a state-approved program leading to administrative licensure (superintendent, principal, school business administrator, director of instruction, director of special education and pupil services, reading specialist, local vocational educational coordinator, library media supervisor, or instructional technology coordinator). *To request a 1-year extension of a 5-year administrator license, use the PI-1602-5R form*
- ◆ Send PI-1612 Institutional Endorsement and PI-1613 Experience Verification forms to institutions and employers if required. All administrator licenses, except business administrator, require eligibility to hold a Wisconsin teaching or pupil services license. If you do not hold a Wisconsin teaching or pupil services license, DPI must determine eligibility for that licensure, based on your PI-1612 and PI-1613 forms, before issuing a 1-year administrator license. **Out-of-State Applicants:** If you also wish to be licensed in Wisconsin for teaching or pupil services you must submit a separate PI-1602-OS (Out-of-State) license application and additional \$150 fee with this application. Forms are available at: www.dpi.state.wi.us/dlsis/tel/applications.html
- ◆ Type or print legibly in black or blue ink. Do not submit "back-to-back" photocopies since pages of the application are separated for processing. **Keep a copy of the entire application including all documentation** since no documents can be returned to you.
- ◆ Mail your application including Conduct and Competency Review and fingerprint cards (if required) in one complete submission.
- ◆ Verify the date your application was received at DPI by checking the license database: www.dpi.state.wi.us/dlsis/tel/lisearch.html

LICENSE APPLICATION INSTRUCTIONS

- I. Applicant Information:** Fill in all boxes. Primary phone is the number to contact you from 8 a.m. to 4 p.m. Central Standard Time.
- II. Prerequisite Education and Experience:** **A. Applicant Verification:** Sign this section affirming you understand the requirements and conditions under which the 1-year administrator license is issued. **B. Education Verification:** If you do not hold a Wisconsin teaching or pupil services license, send a PI-1612 Institutional Endorsement form to the college or university where you completed your initial educator preparation program. **C. Experience Verification:** Send a PI-1613 Experience Verification form to each education employer to verify three years of full time teaching experience or three years experience as a school psychologist, counselor, or social worker **that includes at least 540 hours of successful classroom teaching experience.**
- III. School Board Request:** Fill in all boxes, check the administrative license requested, and sign the request. Attach a program plan and letter from the approved program to verify the applicant's enrollment and a plan to complete the program within two years of the first license issue date.

PAYMENT INSTRUCTIONS

Fee payment (\$100) must be mailed with your application. Since the fee covers the cost of license application review/processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. Application 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 check/money order securely to the front of page 2 (page containing applicant information).

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

Account Number												<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA															
				—						—					—														
Expiration Date										Amount \$100										Print or Type Cardholder Name									
				—																									
Month				Year														Signature ✍️											

MAILING INSTRUCTIONS (Do not FAX.)

All application materials and payment must be mailed (regular 1st class U.S. mail only) to DPI's bank for payment processing before the application can be reviewed. The bank then courier's application materials to Madison for processing by licensing consultants. Do not mail or fax applications to DPI's Madison office. **Mail the entire application packet (Payment, Application Form, Conduct and Competency Review) To: DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**



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**

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 <i>digits</i>
Primary Telephone (<i>include area code</i>)	Ext	Alternate Telephone (<i>include area code</i>)	Ext	
E-mail Address				
Current District of Employment	<input type="checkbox"/> Not currently under contract	Most Recent Wisconsin Education License <i>Issue Year</i> <i>Expire Year</i>		

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 _____ Date Signed *Mo /Day/Year* _____**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 ½ 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.

Institution	Location (City, State)	Indicate Status of PI-1612 Form	
		<input type="checkbox"/> Sent to Institution	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Institution	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Institution	<input type="checkbox"/> 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 ½ 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.

Employer	Location (City, State)	Indicate Status of PI-1613 Form	
		<input type="checkbox"/> Sent to Employer	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer	<input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer	<input type="checkbox"/> 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)**

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									
School District Mailing Address <i>Street or P O Box</i>		City	Zip Code										
Request is for: <input type="checkbox"/> First 1-Year license <input type="checkbox"/> Second 1-Year license	Administrator License Requested: Check all that are applicable <table><tr><td><input type="checkbox"/> 03 Superintendent</td><td><input type="checkbox"/> 08 School Business Administrator</td><td><input type="checkbox"/> 10 Director of Instruction</td></tr><tr><td><input type="checkbox"/> 51 Principal</td><td><input type="checkbox"/> 65 Loc Voc Ed Coordinator</td><td><input type="checkbox"/> 80 Director of Spec Educ /Pupil Services</td></tr><tr><td><input type="checkbox"/> 91 Library Media Supv</td><td><input type="checkbox"/> 92 Instr. Technology Coordinator</td><td><input type="checkbox"/> 17 Reading Specialist</td></tr></table>				<input type="checkbox"/> 03 Superintendent	<input type="checkbox"/> 08 School Business Administrator	<input type="checkbox"/> 10 Director of Instruction	<input type="checkbox"/> 51 Principal	<input type="checkbox"/> 65 Loc Voc Ed Coordinator	<input type="checkbox"/> 80 Director of Spec Educ /Pupil Services	<input type="checkbox"/> 91 Library Media Supv	<input type="checkbox"/> 92 Instr. Technology Coordinator	<input type="checkbox"/> 17 Reading Specialist
<input type="checkbox"/> 03 Superintendent	<input type="checkbox"/> 08 School Business Administrator	<input type="checkbox"/> 10 Director of Instruction											
<input type="checkbox"/> 51 Principal	<input type="checkbox"/> 65 Loc Voc Ed Coordinator	<input type="checkbox"/> 80 Director of Spec Educ /Pupil Services											
<input type="checkbox"/> 91 Library Media Supv	<input type="checkbox"/> 92 Instr. Technology Coordinator	<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**										
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>										

** 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	
<div>Month</div>	<div>Year</div>

Amount
\$150

Print or Type Cardholder Name

Signature

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.



Wisconsin Department of Public Instruction

**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 <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
Primary Telephone <i>Include area code</i>		Ext	Alternate Telephone <i>Include area code</i> 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, _____
<input type="checkbox"/> 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				
<input type="checkbox"/> I am currently OR <input type="checkbox"/> 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 (<i>no photocopies</i>)
			<input type="checkbox"/> Attached <input type="checkbox"/> To be mailed separately*
			<input type="checkbox"/> Attached <input type="checkbox"/> To be mailed separately*
			<input type="checkbox"/> Attached <input type="checkbox"/> 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

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

PI-1602-2R (Rev 4-15-04)
Page 1

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

- ◆ We will be able to process your application much faster if all the necessary documentation is sent in along with this form.
- ◆ You can confirm that we have received your application by checking the DPI website at www.dpi.state.wi.us/dlsis/tel/lisearch.html
- ◆ Please type or print legibly using black or blue ink. **Make a copy of your application and documentation for your files.**

LICENSE APPLICATION INFORMATION AND PROCEDURES

- I. **Applicant Information:** Please fill in all sections. Provide a primary phone number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. **Indicate Which 2-Year License(s) You Are Renewing** Fill in all sections. If you have completed all the deficiencies and have submitted proof of completion of the deficiencies, check the box at the bottom of this section.
- III. **Coursework/Training Completed Since Previous 2-Year License Was Issued:** This section refers to completed coursework deficiency(s). In the first column list the deficiency(s) identified in your license notification which was included with your previous license. In the second column list those action(s) you have taken to satisfy the deficiency(s). Indicate if the documentation is included or if it will be mailed separately.
- IV. **Experience Verification:** Complete this section if experience verification is required to satisfy a student teaching deficiency that was identified in the license notification mailed with your previous license. List the assignment and dates of employment in Section III and have your employing administrator sign and date this section.

PAYMENT/MAILING INSTRUCTIONS

CHECK OR MONEY ORDER: Make payable for \$100 to: Department of Public Instruction. Attach payment securely to front of page 2 (applicant information page). When paying by check or money order, do not send this page (page 1). Be sure to include a completed Conduct and Competency Review form (PI-1602-A), and any other documents required.

MAIL your fee and application materials to the address below. 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.

DPI Teacher Licensing
Drawer 794
Milwaukee, WI 53293-0794

CREDIT CARD: MasterCard or VISA only (no debit cards). Attach this page (with original signature) on top of other application materials

Account Number

☐ MasterCard☐ VISA

				-					-						-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--	--	---	--	--	--	--

Expiration Date

Amount

\$100

Signature

Month Year

Signature _____



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
---	--------------------------------	------------------------

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 <input type="checkbox"/> Conduct	Amount of Remittance \$100	Date Stamp

FOR INFORMATION CONTACT:

Telephone No (608) 266-1028
Voice Mail No 1-800-266-1027
Web Site dpi.wi.gov/tepd1

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 Use the PI-1602-EL form to apply for or renew emergency licenses and permits (including long-term substitutes) which are requested by an employing school district after a search for a fully-licensed candidate was conducted and was unsuccessful. For more information, go to: <http://dpi.wi.gov/tepd/emerq.html>
 - **Emergency Licenses:** Applicant is licensed (or eligible for licensure) in Wisconsin, however, the emergency assignment is outside the applicant's current licensure area
 - **Emergency Permits:** Applicant did not complete an educator preparation program Bachelor's degree from an accredited institution is required
- Do not use this form to apply for a three-year short-term substitute permit Use the PI-1602-SP form instead*
- Do not use this form for a school board requested 1-year administrator license Use the PI-1602-AD1 form instead.*
- ◆ Type or print legibly in black or blue ink Do not submit "back-to-back" photocopies since pages of the application are separated during processing **Keep a copy of your entire application including all documentation** since no documents can be returned to you.
- ◆ Mail **all** necessary documentation and forms, including the PI-1602-A Conduct and Competency Review (and fingerprint cards if applicable), along with the application in one complete submission. This will facilitate much faster processing of your application
- ◆ Verify the date that the application was received at DPI by checking the license database at: dpi.wi.gov/tepd/lisearch.html

LICENSE APPLICATION INSTRUCTIONS

- I. **Applicant Information:** Fill in all boxes. "Primary Phone" is a number to contact you from 8 a.m. to 4 p.m. Central Standard Time
- II. **Type of Emergency License or Permit:** **Part A**—Answer all pertinent questions. List the subject and grade level information. Indicate whether this is a first time or renewal request. **Part B**—Applicant signature is required.
- III. **School District's Request:** The employing administrator must complete Section III including justification/NCLB questions.
- IV. **Administrator Signature:** Administrator must sign verifying the accuracy of justification and NCLB questions (when applicable).
- V. **Institutional Verification:** Required for **renewal** of a 1-year emergency license or permit. The institution must verify enrollment and completion of credits in an approved program leading to licensure in the subject/grade level for which emergency licensure is requested. See special application mailing instructions at bottom of this page.

PAYMENT INSTRUCTIONS

Fee payment (\$100.00) must be mailed with your application. Since fees cover 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 \$100 to: Dept. of Public Instruction *Do not mail this page* (page 1) when paying by check or money order. Attach the check or money order securely to the front of page 2 (the application page containing your personal information).

CREDIT CARD: We accept only MasterCard or VISA. Fill in the account information below and sign. This credit card payment page must have an original signature and will be retained by our bank. Since this page will not be forwarded to our licensing consultants, be sure that the reverse side does not contain any information needed to process the application. **Attach this page on top of all other application materials before mailing.**

Account Number						<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
			-			-	
						-	

Expiration Date

--	--

 —

--	--

Month Year

Amount	\$100
--------	-------

Print or Type Cardholder Name
Signature
✓

MAILING INSTRUCTIONS (Do not FAX.)

All application materials and payment must be mailed (regular 1st class U.S. mail only) to DPI's bank for payment processing before the application can be reviewed. The bank then courier's application materials to Madison for processing by licensing consultants. **Do not mail or fax applications to DPI's Madison office. If sent to Madison, review of your application will be significantly delayed.**

Applicants for a FIRST TIME 1-year emergency license or permit must mail the application packet to:

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

Applicants RENEWING a 1-Year Emergency License or 1-Year Permit (*including long-term substitute license/permit*) must mail the entire application packet (including forms, payment, and documentation) to the institution of higher education's certifying officer. After completing and signing Section V, the certifying officer will send the application packet to the DPI address above.



Wisconsin Department of Public Instruction

**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/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**

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 <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		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 ☐ Yes (if yes, answer question # 2) ☐ No (if no, skip to question # 3)
- 2) I hold or have held a Wisconsin educator license ☐ Yes (if yes, skip to # 4) ☐ No (if no, answer # 2a)
- 2a. I have applied for regular licensure in Wisconsin ☐ Yes (If yes, skip to # 4) ☐ No

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/tepd

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

☐ Yes (if yes, skip to # 4) ☐ No (if no, answer # 3a)

- 3a. I have previously submitted these transcripts

☐ Yes (if yes, answer # 4) ☐ No

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 <i>Mo./Day/Yr.</i>
For DPI Use Only <input type="checkbox"/> FP <input type="checkbox"/> Conduct	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 1

FOR INFORMATION CONTACT:

Telephone No (608) 266-1028

Voice Mail No 1-800-266-1027

Web Site dpi.wi.gov/tepd/

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-SP form is used only to apply for or renew a three-year short term substitute permit for applicants who **did not** complete a state-approved educator training program. This license must be requested by an employing school district and is only valid for short-term substitute assignments (20 consecutive days or less). For more information, go to: dpi.wi.gov/tepd/bssub.html. *Do not use this form to apply for an emergency long-term (more than 20 consecutive days in one assignment) substitute license. Use the PI-1602-EL form instead.*
- ◆ Type or print legibly in black or blue ink. Do not submit "back-to-back" photocopies since pages of the application are separated during processing. **Keep a copy of your entire application including all documentation** since no documents can be returned to you.
- ◆ Mail **all** necessary documentation and forms, including the PI-1602-A Conduct and Competency Review (and fingerprint cards if applicable), along with the application in one complete submission. This will facilitate much faster processing of your application.
- ◆ Verify the date that the application was received at DPI by checking the license database at: dpi.wi.gov/tepd/lisearch.html

LICENSE APPLICATION INSTRUCTIONS

- I. **Applicant Information:** Fill in all boxes. "Primary Phone" is a number to contact you from 8 a.m. to 4 p.m. Central Standard Time.
- II. **Applicant Status, Degree Information, and District Request**
- Part A**—Indicate whether this is a first time or renewal request
- Part B**—For first time requests provide bachelor's degree information and indicate status of transcripts. Note: Accreditation of institutions of higher education may be verified on the Department of Education Office of Postsecondary Institutions website:
<http://ope.ed.gov/accreditation>.
- III. District request and signature is required for ALL requests.

PAYMENT INSTRUCTIONS

Fee payment (\$100.00) must be mailed with your application. Since fees cover 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 \$100 to: Dept. of Public Instruction. *Do not mail this page (page 1) when paying by check or money order. Attach the check or money order securely to the front of page 2 (the application page containing your personal information).*

CREDIT CARD: We accept **only** MasterCard or VISA. Fill in the account information below and sign. This credit card payment page must have an *original signature* and will be retained by our bank. Since this page will not be forwarded to our licensing consultants, *be sure that the reverse side does not contain any information needed to process the application.* **Attach this page on top of all other application materials before mailing.**

Account Number

☐ MasterCard[illegible]

Expiration Date

The diagram shows a top-down view of the experimental setup. A subject is seated at a table, looking at a video screen. A camera is positioned above the screen. A target is placed on the table. A ruler is placed on the table to measure the distance from the subject to the target. The distance is labeled as 100 cm.

Month

Year

Amount

\$100

Print or Type Cardholder Name

Signature



MAILING INSTRUCTIONS (Do not FAX.)

All application materials and payment must be mailed (regular 1st class U.S. mail only) to DPI's bank for payment processing before the application can be reviewed. The bank then courier's application materials to Madison for processing by licensing consultants. **Do not mail or fax applications to DPI's Madison office. If sent to Madison, review of your application will be significantly delayed.**

All applicants must mail the application packet to:

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



Wisconsin Department of Public Instruction

**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

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. 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:☐ First time request (answer Part B and obtain district request in Section III) ☐ Renewal request (skip to Section III and obtain district request)**PART B—List the following information about your degree:**

Institution Name	Degree	Date Mo /Day/Yr.
------------------	--------	------------------

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.

Transcript Status: ☐ Previously submitted to DPI ☐ Attached
☐ To be mailed separately (Send transcripts mailed later to: DPI—Educator Licensing, PO Box 7841, Madison, WI 53707)

III. SCHOOL DISTRICT REQUEST AND SIGNATURE OF EMPLOYING ADMINISTRATOR

School District Requesting Substitute Permit	Telephone Area/No.	CESA No.	LEA No.
School District Mailing Address Street or PO Box	City	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.

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

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

LICENSE APPLICATION— LICENSES NOT REQUIRING AN APPROVED EDUCATION PROGRAM

PI-1602-NP (Rev 4-04)
Page 1

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

- ◆ We will be able to process your application much faster if all the necessary documentation is sent in along with this form.
- ◆ You can confirm that we have received your application by checking the DPI website at www.dpi.state.wi.us/dlsls/tel/lisearch.html
- ◆ Please type or print legibly using black or blue ink. **Make a copy of your application and documentation for your files**

LICENSE APPLICATION INFORMATION AND PROCEDURES

- I. Applicant Information:** Please fill in all sections. Provide a primary phone number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. Which 5-Year License(s) Are You Requesting?** This application shall be used by persons applying for one or more of the following licenses: EDUCATIONAL INTERPRETER, ORIENTATION AND MOBILITY TEACHER, SCHOOL AUDIOLOGIST, SCHOOL OCCUPATIONAL THERAPIST, SCHOOL OCCUPATIONAL THERAPY ASSISTANT, SCHOOL PHYSICAL THERAPIST, SCHOOL PHYSICAL THERAPY ASSISTANT. Please check the appropriate box and submit additional information as requested.
- III. Post Secondary Education:** List degree(s) only with the most recent first. Attach 8.5 x 11 sheet if necessary.

PAYMENT/MAILING INSTRUCTIONS

CHECK OR MONEY ORDER: Make payable for \$100 to: Dept. of Public Instruction. Attach payment securely to the front of page 2 (page containing personal information). If paying by check/money order, do not send this page (page 1).

MAIL your fee, application materials, and documentation to the DPI address below. Since the fee covers the cost of application processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. Fee is subject to change without notice.

DPI Teacher Licensing
Drawer 794
Milwaukee, WI 53293-0794

CREDIT CARD: MasterCard or VISA only. Fill in below. ATTACH THIS PAGE (with original signature) on top of other application pages.

Account Number

☐ MasterCard☐ VISA[illegible]

Expiration Date

Amount

\$100

Month

Year

Signature





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

**LICENSE APPLICATION—
SPECIAL EDUCATION PROGRAM AIDE**

PI-1602-PA (Rev 4-04)
Page 1

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

- ◆ We will be able to process your application much faster if all the necessary documentation is sent in along with this form.
- ◆ You can confirm that we have received your application by checking the DPI website at www.dpi.state.wi.us/dlsis/tel/lisearch.html
- ◆ Please type or print legibly using black or blue ink. **Make a copy of your application and documentation for your files.**

LICENSE APPLICATION INFORMATION AND PROCEDURES

- I. **Applicant Information:** Please fill in all sections. Provide a primary phone number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. **School District Request.** The employing school district must complete this portion of the application. The employing administrator of the district must sign the request.

PAYMENT/MAILING INSTRUCTIONS

CHECK OR MONEY ORDER: Make payable for \$75 to: Dept. of Public Instruction. Attach payment securely to the front of page 2 (page containing personal information). If paying by check or money order, do not send this page (page 1) with your application.

MAIL your fee and application, including Conduct & Competency Review (1602-A), to the DPI address below. Since the fee covers the cost of processing, NO REFUNDS WILL BE MADE, whether or not a license is issued. Fee is subject to change without notice.

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

CREDIT CARD: MasterCard or VISA only. Fill in below. ATTACH this page (with original signature) on top of other application pages

Account Number


☐ MasterCard☐ VISA[illegible]

Expiration Date

Amount

\$75

Signature

 — 
 Month Year

Signature



Wisconsin Department of Public Instruction

**LICENSE APPLICATION—
SPECIAL EDUCATION PROGRAM AIDE**

PI-1602-PA (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 <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. 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
---	--------------------------------	-----------------

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 \$75	Date Stamp