



Wisconsin Department of Public Instruction

LICENSE APPLICATION— INITIAL IN-STATE TEACHING OR PUPIL SERVICES

PI-1602-IS (Rev. 12-04)
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
Application forms www.dpi.state.wi.us/dlsis/tel/applications.html

We do not accept applications by FAX.

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

- ◆ Use this PI-1602-IS form if, based on completing an approved Wisconsin college/university teaching or pupil services preparation program, you: 1) are applying for your first Wisconsin teaching/pupil license OR 2) are already licensed for teaching/pupil services in Wisconsin and are applying to add a new teaching/pupil services certification. For Wisconsin reading teacher/specialist or administrator licensure, use the PI-1602-AD form available at: www.dpi.state.wi.us/tel/applications.html.

For additional information, see FAQ – Licensing at: www.dpi.state.wi.us/dlsis/tel/faq.html.

- ◆ Type or print legibly in black or blue ink. Do not submit pages photocopied “back-to-back” since the application pages are separated for processing. **Keep a copy of the entire application and documentation. No documents can be returned to you.**
- ◆ Send a **complete** application packet (all required forms, documentation, and payment) to your college certifying officer.
- ◆ Verify that DPI received your application by checking the license database at: www.dpi.state.wi.us/dlsis/tel/lisearch.html

LICENSE APPLICATION INFORMATION

- Applicant Information:** Primary phone is a number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- License(s) Requested:** List the teaching/pupil services license(s) requested. Provide the requested begin date of the license(s).
- Post-Secondary Education and Institutional Endorsement:** The date you completed your Wisconsin educator preparation program determines the statutes and administrative rules used to evaluate your application for licensure. The certifying officer of the college/university program must provide your completion date and verify your eligibility for the licenses requested in Section II.
- Experience or Professional Growth Requirement:** *Applies Only to Applicants Who Completed a Wisconsin Educator Preparation Program More than Five Years Ago AND Who Were Never Licensed in Wisconsin.* List a public or private educational agency where, in the previous five years, you were employed in a regular, contractual teaching/pupil services position (part or full-time) for at least one semester. If you do not meet the experience requirement, you must meet Wisconsin’s professional growth requirement. Document completion of six credits or the equivalent of coursework by attaching original transcripts or grade reports. If you do not meet either the experience or professional growth requirement, you may be eligible for a substitute license or, if you are currently employed by a school district, for a 1-year non-renewable license. See FAQ at: www.dpi.state.wi.us/dlsis/tel/fq/init.html.

PAYMENT INSTRUCTIONS

Fee payment of \$100 must be included with your application. Since the fee covers the cost of application review and processing, **NO REFUNDS WILL BE MADE**, 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: **Department of Public Instruction.** *Attach check/money order securely to the front of Page 2 (applicant information page). If paying by check/money order, do not mail this page (Page 1).*

CREDIT CARD: MasterCard or VISA only. We do not accept debit cards. Fill in account information below. If paying by credit card, **attach this page (with original signature) on top of other application materials.** Since this page is retained by the bank, *be sure the reverse side does not contain any information DPI license consultants will need to process the application.*

Account Number MasterCard VISA

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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Expiration Date

0	0	—	0	0
Month		Year		

Amount

\$100

Print or Type Cardholder Name
Freddy Falcon

Signature


MAILING INSTRUCTIONS

Mail the entire application packet (application, payment, transcripts, and other required documents) to the certifying officer of your Wisconsin college/university for endorsement. The certifying officer will forward your application materials to DPI’s Milwaukee bank address: **DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**

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



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DO NOT FAX THE APPLICATION.

I. APPLICANT INFORMATION

Legal Name <i>First</i> Freddy	<i>Middle</i> F.	<i>Last</i> Falcon
Previous Name(s)	Social Security Number* 000-00-0000	Date of Birth <i>Mo./Day/Yr.</i> 02/01/1977
Address 410 S. 3rd Street		P.O. Box
City River Falls	State WI	Zip Code <i>Zip Plus 4 digits</i> 54022
Primary Telephone (<i>include area code</i>) (715) 425-3500	Ext.	Alternate Telephone (<i>include area code</i>) Ext.
Email Address freddy.falcon@uwrf.edu		

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) Fill in one of the following EC-MC (grades Prek-6) MC-EA (grades 1-8) EA-A (grades 6-12) EC-A (grades K-12)	Subject(s)/Category(ies) and/or Position(s) Your content area (elementary education for example)	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)
UW - River Falls	Bachelor of Science	12/2007	List all majors	List all Minors	Only Social Studies list

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 <i>Mo./Day/Yr.</i>	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 IGNORE THIS PAGE	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 City/State	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



Wisconsin Department of Public Instruction
CONDUCT AND COMPETENCY REVIEW

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License application forms are available at:
<http://dpi.wi.gov/tepd/1/applications.html>

ANSWER ALL QUESTIONS

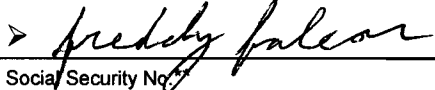
- Carefully read all instructions on following page.
- This form **must** be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
- Your signature on this form must be notarized. Most schools have a notary public on staff.

For purposes of this application, "teaching" applies to all licensed school personnel which includes, but is not limited to, classroom teachers, counselors, social workers, psychologists, administrators, school library media specialists, substitute teachers, special education aides, etc.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR* <small>Previously Reported</small>	1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (check any which apply) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence <i>Definitions on next page.</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	4. Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	5. Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (check any which apply) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	7. Have you ever participated in a deferred prosecution program resulting from a criminal investigation?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	8. Are you currently on probation in any jurisdiction?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	9. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct or harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	10. Is any criminal charge or investigation pending against you in any jurisdiction?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> PR	11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning your conduct as an educator or in an educationally related position?
Fingerprinting Requirement	12. Carefully read the instructions on the following page to determine whether or not you are required to submit fingerprints with your license application. Check the appropriate box(es) below to indicate your response. <input type="checkbox"/> I am required to submit fingerprints with my application. Indicate status of prints below. <input type="checkbox"/> Fingerprint cards enclosed OR <input type="checkbox"/> Fingerprints will be submitted separately <input type="checkbox"/> I am not required to submit fingerprints with my application. I understand that I may be required to supply proof that fingerprints are not required at this time.
For any "Yes" response to questions 1-11, attach a written 8½" x 11" explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised.	

*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of Yes on this application if no further conviction(s) has occurred.

IMPORTANT: You must respond to ALL questions 1-12.

UNDER OATH , I swear that all information on this form and the accompanying license application and documentation are true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license. I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.	
Name <i>Print or type</i> Freddy Falcon	Sworn and signed before me this ____ day of _____ in the year _____.
Signature (<i>Sign in blue or black ink, in presence of a Notary Public</i>) 	Notary Public, _____
Social Security No. 000-00-0000	My commission expires on _____

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