



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 <i>First</i> Jennifer	<i>Middle</i> Ann	<i>Last</i> Jones
Previous Name(s)	Social Security Number* 123-45-6789	Date of Birth <i>Mo./Day/Yr.</i> 02/02/1980
Address 1672 N. Humboldt Blvd.		P.O. Box
City Milwaukee	State WI	Zip Code 53202
		Zip Plus 4 digits 2112
Primary Telephone (<i>include area code</i>) (414) 555-5555	Ext.	Alternate Telephone (<i>include area code</i>)
		Ext.
Email Address teacher@yahoo.com		

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) EA/A	Subject(s)/Category(ies) and/or Position(s) Alternative	Date License is to Begin: July 1, 2009
		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-Milwaukee	Certification	08/2009			Alt. Ed
UW-Milwaukee	BS Education	05/2004	English		

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.



CONDUCT AND COMPETENCY REVIEW

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

ANSWER ALL QUESTIONS

1. This form must be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
2. 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?
12. Carefully read item number 2 of the instructions on the following page to determine whether or not you are required to submit fingerprint cards with your license application. Check the appropriate box(es) below to indicate your response.	
<input type="checkbox"/> I am required to submit fingerprint cards with my application. Indicate status of cards below. <input type="checkbox"/> Completed cards are enclosed OR <input type="checkbox"/> Cards will be submitted separately.	
<input checked="" type="checkbox"/> I am not required to submit fingerprint cards with my application. I understand that I may be required to supply proof that cards 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> Jenny Jones	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>) <i>> Sign in front of the Notary</i>	Notary Public, _____
Social Security No.** 123-45-6789	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.