Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 *working* days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925.** The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: http://www.drl.state.wi.us. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days *of receipt* of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: http://www.drl.state.wi.us. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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OPTOMETRY EXAMINING BOARD

INSTRUCTIONS FOR DPA/TPA CERTIFICATION

Wisconsin law permits optometrists who meet certain requirements to use diagnostic/therapeutic pharmaceutical agents.

DPA/TPA CERTIFICATION IS A PROCEDURE SEPARATE FROM THAT PERTAINING TO LICENSURE FOR THE PRACTICE OF OPTOMETRY IN THE STATE OF WISCONSIN. YOU MUST APPLY FOR CERTIFICATION IN WISCONSIN REGARDLESS OF WHETHER OR NOT YOU ARE DPA/TPA CERTIFIED IN ANOTHER STATE.

IF YOU ARE APPLYING FOR DPA CERTIFICATION, FOLLOW THOSE INSTRUCTIONS ONLY.

IF YOU ARE APPLYING FOR TPA CERTIFICATION, FOLLOW THE INSTRUCTIONS FOR MEETING BOTH THE DPA AND TPA REQUIREMENTS.

IF YOU ARE APPLYING FOR TPA CERTIFICATION AND ALREADY ARE DPA CERTIFIED, THEN ONLY COMPLETE THE APPLICATION REFERRING TO TPA CERTIFICATION.

DPA CERTIFICATION REQUIREMENTS

A. An applicant for DPA certification must request **A LETTER** from the optometry college of graduation, which is accredited by the American Council on Optometric Education and approved by the Wisconsin Optometry Examining Board, listing the following information:

1. successful completion of 60 classroom hours in general and ocular pharmacology, 30 hours of which must have been in ocular pharmacology, emphasizing the systemic effects and treatment for adverse reactions;
2. the classroom hours must have been 50-60 minute periods of lecture, group discussion and/or laboratory, associated with the course;
3. your graduation date;
4. the title or position of the college official; and
5. the school seal.

B. In addition to the classroom requirement, the following supporting documentation of successful completion of the National Board of Examiners in Optometry (NBEO) must be forwarded to the board office:

1. Applicants who took the NBEO exam prior to 1988: verification of successful completion of Part II, Section 9 with a minimum score of 75;
2. Applicants who took the NBEO exam after 1988 and prior to 1994: verification of successful completion of Part II, Clinical Pharmacology with a minimum score of 75;

3. Applicants who apply for a certificate after April 1, 1994: verification of successful completion of Parts I and II administered after 1986; or

4. Successful completion of a postgraduate DPA course and exam approved by the Wisconsin Optometry Examining Board and sponsored by an accredited optometry college.

If you have taken the Wisconsin licensure examination recently, your scores will be on file and will not have to be resubmitted.

TPA CERTIFICATION REQUIREMENTS

Applicants for TPA certification must be DPA-certified (or applying for both with this application) and also must have **successfully completed** one of the following requirements:

1. graduates prior to 1987: verification of 100-hour board-approved post-graduate course and exam given by course provider since January 1, 1987 **OR** 100-hour board-approved post-graduate course and the IAB or TMOD exam;

2. graduates between 1987-1991: verification of TMOD or IAB/NBEO exam **OR** successful completion of a 100-hour board-approved post-graduate course and exam given by course provider; or,

3. graduates from 1992 to present: TMOD or NBEO exam.

Proof of completion of one of the above-listed items must be submitted for TPA certification.

SUPPORTING DOCUMENTS FOR DPA/TPA CERTIFICATION MUST BE SUBMITTED DIRECTLY FROM THE INSTITUTIONS. DOCUMENTS WILL NOT BE ACCEPTED FROM THE APPLICANT.

Complete the enclosed Adverse Drug Referral Plan (Form #1161) and have the above-listed requirements submitted, unless all required examination scores have already been submitted for the Wisconsin licensure examination.

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OPTOMETRY EXAMINING BOARD

DPA/TPA CERTIFICATION APPLICATION

- If you are applying for DPA certification **only**, complete questions 1-7 and page 3 of 3.
- If you are DPA certified and are applying for TPA certification, complete questions 1-5 and 8-10 and page 3 of 3.
- If you are applying for **both** certifications, complete questions 1-10 and page 3 of 3.
- If you are DPA/TPA certified and are submitting referral changes **only**, complete questions 1-5 and page 3 of 3.

PLEASE TYPE OR PRINT IN INK

1. NAME (last, first, M.I.)

2. ADDRESS (number, street, city, state, zip)

3. DATE OF BIRTH (mo/day/yr)

4. WISCONSIN OPTOMETRY LICENSE NUMBER

5. TELEPHONE NUMBER
BUS ( ) HOME ( )

DPA REQUIREMENTS

You must have your school of optometry or the National Board of Examiners, as appropriate, submit proof of your having fulfilled the requirements in 6 and 7 below:

6. 60 CLASSROOM HOURS OF GENERAL/OCULAR PHARMACOLOGY
   Optometry College _____
   Graduation Date _____
   30 of the 60 hours were in ocular pharmacology ☐ YES ☐ NO
   50-60 minute periods ☐ YES ☐ NO

7. EXAMINATIONS (One of the following)

   A. NATIONAL BOARD EXAMINATION OPTION (check one of the following)
   Section 9 ☐ YES ☐ NO
   Clinical Pharmacology ☐ YES ☐ NO
   Parts I & II (administered after 1986 only) ☐ YES ☐ NO

   B. SCHOOL EXAM OPTION
   DPA courses and exam ☐ YES ☐ NO

   Verification from the school must state that you have completed the DPA course identified under paragraph 6 above and have passed the course examinations. The verification must also include a description of the course content and examination content.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

DPA REQUIREMENTS, continued

If you have chosen the school exam option, your application will be reviewed by the Optometry Examining Board to make a recommendation to the Department regarding your eligibility for certification.

TPA REQUIREMENTS

8. Are you DPA certified? If so, the above-listed DPA requirements will already be on file in this office. ☐ YES ☐ NO

9. 100-HR BOARD-APPROVED POSTGRADUATE COURSE
   Course Provider/Sponsor _____
   Name of Course _____
   Dates Attended _____ Achieved a minimum passing score? ☐ YES ☐ NO

AND/OR

10. BOARD-APPROVED EXAM
    Exam Provider/Sponsor ☐ IAB/TMOD/NBEO
    Date of Exam _____ Achieved a minimum score of 75? ☐ YES ☐ NO

Wisconsin Department of Regulation & Licensing

DPA/TPA ADVERSE DRUG REACTION REFERRAL PLAN FOR OPTOMETRISTS

"Adverse drug reaction" means: an adverse, physical or psychological reaction experienced by a person resulting from diagnostic or therapeutic pharmaceutical agents administered by an optometrist which occurs within 24 hours after the drug is administered. An adverse drug reaction may be indicated by symptoms which include, but are not limited to, the following: red eye, painful eye, decrease in vision, pale or red swelling of the periocular or periorbital tissues, nausea, vomiting, fainting, mental confusion or cessation of respiration.

"Adverse drug reaction referral plan" means a plan submitted to the department in which the optometrist agrees to:

1. advise the patient to immediately contact the optometrist if they experience an adverse reaction;
2. refer patients with an adverse drug reaction to appropriate medical specialists or facilities;
3. record the drug reaction in the patient's permanent file, describing any adverse drug reactions experienced by the patient, the date and time that any patient referral was made; and
4. report all referrals to the department **within 10 working days of the occurrence.**

PHYSICIAN, PHYSICIAN CLINIC OR HOSPITAL LIST

Specify below three physicians, physician clinics and/or hospitals to which patients will be referred in the event of an adverse reaction to a drug administered by the optometrist. At least one physician specified must be skilled in the diagnosis and treatment of diseases of the eye.

1. Name _____
(Physician, Clinic or Hospital)
Address _____

2. Name _____
(Physician, Clinic or Hospital)
Address _____

3. Name _____
(Physician, Clinic or Hospital)
Address _____

A revised adverse drug reaction plan must be filed with the department within **10 working days** if a new physician, physician clinic or hospital is designated for referrals. Contact the board office for additional form(s) to note change(s) and resubmit.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Optometry Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

_____ _____
Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____
Signature of Notary Public

SEAL

_____
Date Commission Expires

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.[a] An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at *http://www.legis.state.wi.us/rsb/code/rl/rl.html* and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at *http://www.drl.state.wi.us/* under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 4/03) ss. 15.04 (1) (m), 19.35, Stats.

[a] Section RL 4.06 of the Wisconsin Administrative Code

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OPTOMETRY EXAMINING BOARD

INSTRUCTIONS TO APPLICANTS FOR WISCONSIN OPTOMETRY LICENSURE

ALL CANDIDATES

1. Complete the application form (#598), including notarized signature.
2. Attach fee to application. Checks or money orders should be made payable to the DEPARTMENT OF REGULATION AND LICENSING. Your canceled check will be your receipt.
3. Return completed score sheet and rules and statutes test booklet with application.
4. In addition to the application form and fee, the following supporting documents must be forwarded to the board office:

   a. Certified transcript from a board-approved optometric college indicating the date of graduation and degree granted; and

   b. Verification of licensure from all other state(s)/jurisdiction(s) in which you are/were licensed (if any). You may want to contact the state board(s) and inquire if there is a fee for completing the form.

   c. A certified transcript indicating successful completion of the National Boards (**Parts I, II and III**) examination must be submitted to the Optometry Board.

The Wisconsin Optometry Examining Board requires Parts I, II, **and III** (Patient Care Examination) of National Boards to be taken **PRIOR** to application for the Wisconsin licensure examination.

RECIPROCITY/ENDORSEMENT CANDIDATES PRACTICING 5 OR MORE YEARS

Candidates applying for licensure as an optometrist in Wisconsin through reciprocity/endorsement must have practiced optometry for **at least 5 years** in another state immediately preceding this application.

- The 5-year experience **in lieu of Part III** of National Boards is acceptable. You must submit verification of successful completion of National Boards Parts I and II, **OR** a certified copy of scores of a licensing examination in another state prior to the deadline date.

ALL SUPPORTING DOCUMENTS MUST BE RECEIVED FROM THE INSTITUTIONS. THEY WILL NOT BE ACCEPTED FROM THE CANDIDATE.

Please have all documents addressed to: **OPTOMETRY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.**

OPTOMETRY COLLEGE CODES

School Name	
Ferris State - Big Rapids MI	23001
Illinois College of Opt - Chicago IL	14001
Indiana University - Bloomington IN	15001
Inter American U of Puerto Rico - San Juan PR	16001
New England College of Opt - Boston MA	22001
Northeastern State Univ - Tahlequah OK	17001
Nova Southeastern Univ. - N Miami Beach FL	18001
Ohio State University - Columbus OH	36001
PA College of Opt - Philadelphia PA	39001
Pacific University - Forest Grove OR	38001
Southern CA College of Opt - Fullerton CA	05001
Southern College of Opt - Memphis TN	43001
State Univ of New York - New York City NY	33001
University of Alabama - Birmingham AL	01001
University of California - Berkeley CA	05002
University of Houston - Houston TX	44001
University of Waterloo - Ontario Canada	52001
University of Missouri - St Louis MO	26001
University of Montreal - Quebec Canada	19001

Wisconsin Department of Regulation & Licensing

EXAMINATION INFORMATION

STATE LAW EXAMINATION:
The Wisconsin Optometry State Law Exam is an open book examination on the Wisconsin Statutes and Administrative Codes that govern optometrists.

A copy of the examination and a copy of the Statutes and Administrative Code is enclosed. Once you have received the examination, complete and return it to the Department at your earliest convenience. Candidates who pass the Wisconsin Optometry State Law Examination will not be notified of their successful completion of the exam. Failing candidates will receive notice of their score and a new examination to complete. In addition, a retake examination fee will be required.

EVALUATION/FAIRNESS
The content and process of the licensure examination, and candidate performance statistics, are regularly evaluated by the Department and the Optometry Examining Board to assure that the examination fairly and effectively assesses competencies necessary to practice as an optometrist in Wisconsin.

EXAMINATION RESULTS
Passing candidates will not receive results of the exam. Failing candidates will receive notice of their score three to four weeks after submitting the completed exam. **NO** results will be released over the phone.

RETAKE EXAMINATIONS
An applicant who fails the state law examination shall be required to retake that examination.

RECORD RETENTION
Successful examination scores of credentialed candidates are retained indefinitely in an electronic credential file. **Unsuccessful** scores are retained on file until replaced by passing scores. Answer sheets, examination products and examiner evaluation documents are retained one year after the examination date. Booklets used by candidates are retained two months after release of scores. Records of specific examination content (examination file copies) are retained five years.

REFUNDS
Applicants will receive a refund of all but $10.00 of the examination fee if:

a. an applicant is found to be unqualified for an examination administered by the department or the Board;

b. an applicant withdraws an application by written notice to the Board at least 10 days in advance of a scheduled examination; or

c. an applicant who fails to take the examination provides a written explanation satisfactory to the Board that the applicant's failure to take the examination resulted from extreme personal hardship.

ADDITIONAL INFORMATION
Name and/or address changes must be reported to the board office within **30 days** or a **$50.00 fine** can be imposed.

The Board does **NOT** issue permits to practice optometry while the application for licensure is pending.

New licensees may **NOT** begin practice until the license has been received.

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OPTOMETRY EXAMINING BOARD

APPLICATION FOR OPTOMETRIST LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

_____ _____ _____
month day year

Daytime Telephone Number

( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? _____Yes _____No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

1. PRE-PROFESSIONAL COLLEGE EDUCATION

Institution	Location	Dates Attended	Degree(s)

2. COLLEGE OF OPTOMETRY	SCHOOL CODE	DATE OF GRADUATION

3. ARE YOU A GRADUATE OF ANY SCHOOL OF HEALTH PROFESSION OTHER THAN OPTOMETRY?
☐ YES ☐ NO If yes, list name of school, location and degree received.

_____

_____

4. ARE YOU LICENSED/CERTIFIED IN ANY HEALTH PROFESSION OTHER THAN OPTOMETRY?
☐ YES ☐ NO If yes, list license(s) held and state(s).

_____

_____

APPLICATION FEES Please check applicable blank
(Make check payable to Department of Regulation and Licensing and attach to application.)

___ **EXAM CANDIDATES**

$ 53.00 Initial Credential Fee
$ 57.00 State Law Exam Fee
$110.00 Total Fee Attached

___ **ENDORSEMENT/RECIPROCITY CANDIDATE**

$ 65.00 Initial Credential Fee
$ 57.00 State Law Exam Fee
$122.00 Total Fee Attached

For Receipting Use Only

#598 (Rev. 5/03)
Ch. 449, Stats.

-OVER-

Wisconsin Department of Regulation & Licensing

5. HAS YOUR LICENSE/CERTIFICATE TO PRACTICE ANY OTHER PROFESSION/OCCUPATION EVER BEEN DENIED, RESTRICTED, LIMITED, SURRENDERED, CANCELLED, REVOKED OR SUSPENDED?

   ☐ YES ☐ NO If yes, give details on an attached sheet.

6. ARE YOU LICENSED TO PRACTICE OPTOMETRY IN ANY OTHER STATE?

   ☐ YES ☐ NO If yes, list state(s).

7. IS YOUR OPTOMETRY LICENSE NOW SUBJECT TO DISCIPLINARY PROCEEDINGS IN ANOTHER STATE?

   ☐ YES ☐ NO If yes, in which state?

8. HAS YOUR LICENSE(S) TO PRACTICE OPTOMETRY EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE(S)?

   ☐ YES ☐ NO If yes, give details on an attached sheet.

9. HAVE YOU OR YOUR CLINIC EVER BEEN THE DEFENDANT IN A LAWSUIT ALLEGING ANY FORMAL MALPRACTICE OR INCOMPETENCE IN THE PRACTICE OF OPTOMETRY OR ANY OTHER PROFESSIONAL SERVICES?

   ☐ YES ☐ NO If yes, give details on an attached sheet and submit a copy of the suit or claim of the final settlement or disposition.

10. IF YOU ARE CERTIFIED TO PRACTICE WITH TPA's (THERAPEUTIC PHARMACEUTICAL AGENTS) IN ANOTHER STATE, HAS THE DEA (DRUG ENFORCEMENT ADMINISTRATION) EVER WITHDRAWN YOUR DEA # OR WARNED YOU, OR HAVE YOU EVER BEEN DENIED A DEA #?

    ☐ YES ☐ NO If yes, give details on an attached sheet.

A "YES" ANSWER TO THE FOLLOWING QUESTION IS **NOT** AUTOMATIC DENIAL OF LICENSE. A FORM WILL BE SENT TO YOU REQUESTING SPECIFIC INFORMATION RELATIVE TO YOUR CONVICTION/ARREST RECORD.

11. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OR ARE YOU SUBJECT TO A PENDING CHARGE (excluding minor traffic violations)?

    ☐ YES ☐ NO If yes, give details on an attached sheet.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the statutes or rules of either the Optometry Examining Board or the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action.

_____ _____

Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, 19_____

_____

Signature of Notary Public

SEAL

_____

Date Commission Expires

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ADDENDUM TO APPLICATION

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

☐☐☐ - ☐☐ - ☐☐☐☐
Social Security Number or FEIN

Type of Credential (license, permit, certificate)

Date of Birth _____

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.[5]

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.[6] If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.[2]

#2380 (Rev. 04/03)

[1] Section 440.03 (11m), Wis. Stats.
[2] Sections 49.22, and 440.13, Wis. Stats.
[3] Section 440.12, Wis. Stats.
[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996
[5] Section 440.14, Wis. Stats.
[6] Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a $6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month _____ day _____ year

Social Security Number _____
Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

   It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE	DATE	CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

	YES	NO	MO/YR COMPLETED
3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?	☐	☐	_____
Did you successfully complete the program?	☐	☐	_____

Please attach the certificate of completion/discharge summary.

	(Check all that apply)	YES	NO	MO/YR COMPLETED
4. Have you ever been sentenced to:	☐ Probation	☐	☐	_____
	☐ Parole	☐	☐	_____
	☐ Ordered to pay restitution	☐	☐	_____
Did you successfully complete one of the above as ordered by the court?		☐	☐	_____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE	DATE OF ARREST	LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

_____

_____

_____

_____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____
Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

_____
Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

FAX #: **(608) 261-7083**
Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

APPLICATION PACKET ADDENDUM (INTERNET)

DPA/TPA CERTIFICATION

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

_____ _____
Full Name Daytime Phone Number

_____
Street Address

_____
PO Box

_____
City, State, Zip

Thank you.

#2612 (4/03)