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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PSYCHOLOGY EXAMINING BOARD

INFORMATION REGARDING LICENSURE FOR THE PRIVATE PRACTICE OF SCHOOL PSYCHOLOGY

INSTRUCTIONS TO APPLICANT

1. Read CAREFULLY the enclosed "Wisconsin Statutes and Administrative Code for the Practice of Psychology." Refer to sec. Psy 3, Wis. Admin. Code, for requirements for the private practice of school psychology. The written examination on the elements of practice essential to the public health, safety or welfare ("Ethics") is based on the information contained in this booklet.

2. Complete the "Application for the Private Practice of School Psychology" (Form #637).

3. Complete the "Nature of Private Practice of School Psychology" form (Form #638). (See form for specific instructions.)

4. Return your completed application (Form #637) and "Nature of Private Practice of School Psychology" form (Form #638) with the fee to the PSYCHOLOGY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.

   MAKE CHECK PAYABLE TO: DEPARTMENT OF REGULATION & LICENSING - PSYCH

5. Request that official transcripts of your undergraduate and graduate course work be sent directly from the educational institutions to the PSYCHOLOGY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.

6. Request the Department of Public Instruction to forward documentation that you hold a regular license as a school psychologist under sec. PI 3.53 directly to the PSYCHOLOGY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.

7. Forward a copy of the "Experience Verification" form (Form #1899) to any psychologist(s) who have supervised your experience related to psychology. **This form must be completed in its entirety by your supervisor(s)** and returned directly to the PSYCHOLOGY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935. (You may duplicate as many copies of the form as needed.)

8a. Request Educational Testing Service (ETS) to forward an official copy of your score on the National Teachers Examination (NTE) Specialty Area Test for School Psychologist directly to the PSYCHOLOGY EXAMINING BOARD, DEPARTMENT OF REGULATION AND LICENSING, P.O. BOX 8935, MADISON, WI 53708-8935. You may use the "Additional Score Report Request Form" found in the enclosed Registration Bulletin. The **score recipient code** for the Department of Regulation and Licensing is **R-9682**. You will need to provide this information on the request form.

8b. If you have not taken the NTE School Psychologist test, please refer to the enclosed Registration Bulletin for registration materials and information on testing dates and filing deadlines. You will need to provide the score recipient code for the Department of Regulation and Licensing **(R-9682)** on your answer sheet to authorize release of your score to this office. If you also want qualifying score information, you will need to provide the Department's **agency code: 93**. (See Bulletin for specific information). Candidates whose first language is not English, please note that the Wisconsin Psychology Examining Board will not permit you to take the examination with a language accommodation.

GENERAL INFORMATION

When your file is complete, your credentials will be evaluated at the next regular meeting of the Psychology Examining Board. You will be notified of the Board's decision as soon after the meeting as possible. If the Board determines that you meet requirements for licensure, you will be admitted to the written examination on the elements of practice essential to the public health, safety or welfare ("Ethics"), and personal appearance (oral interview) before the Board.

Wisconsin Department of Regulation & Licensing

INFORMATION REGARDING "ETHICS" EXAMINATION

Content/Scoring

The written examination on the elements of practice essential to the public health, safety or welfare ("Ethics") is based on the Wisconsin Statutes and Administrative Code Relating to the Practice of Psychology. It consists of 100 multiple choice questions to be completed in 1 hour and 30 minutes. Each question is worth one point. As indicated in sec. Psy 3.07(2), each candidate must receive a score of 75% correct or above to pass. The content for the exam and approximate weighting of questions is as follows:

Chapter	Topic	% of Questions
Ch. 48	Children's Code	10%
Ch. 51.61	Patients Rights	1%
Ch. 455	Psychology Examining Board	11%
Ch. 905	Evidence-Privileges	1%
Ch. 940	Crimes Against Life & Bodily Security	4%
Ch. 948	Crimes Against Children	1%
Psy 1	Authority and Definitions	2%
Psy 5	Conduct	70%

Exam Day

Please appear at the time scheduled on your admission card. Free parking is available across the street from the Washington Square Building on N. Dickinson St. Be prepared to present both your admission card and a photo I.D. such as a driver's license. A #2 pencil should be used to take the test. Please note that the Board may withhold the score of an applicant who gives or receives unauthorized assistance during examinations. Your examination will be hand scored by the proctor prior to your appearance before the Board and machine scored later. The Board will tell you your score during your interview. Passing candidates will receive a license as evidence of having passed the examination. Failing candidates may apply to retake the examination. An exam review is also available for failing candidates only. For more information, refer to sec. Psy 3.08 in your codebook.

Evaluation and Fairness

The content and test construction process of the examination and candidate performance are periodically evaluated by the Department and the Psychology Examining Board to assure that the examination fairly and effectively assesses competencies necessary to practice as a private practice school psychologist.

Record Retention

Passing grades of credentialed candidates are retained by the Department of Regulation and Licensing indefinitely in an electronic credential file. Failing grades are retained on file until replaced by passing grades. Answer sheets, examination products and examiner evaluation documents for the "ethics" examination are retained one year after the examination date. Booklets used by candidates are retained two months after the examination date. Records of specific examination content ("ethics" examination file copies) are retained for five years.

INFORMATION REGARDING PERSONAL APPEARANCE (ORAL INTERVIEW)

The purpose of the interview is to discuss with all candidates for licensure their intended area of practice, their approach to typical cases, and their understanding of the state laws and rules relating to the private practice of school psychology.

The approximate length of the interview is 15 minutes. In cases where 15 minutes is not sufficient, candidates may be asked to return for a second interview.

Candidates will have approximately 10 minutes to read the questions and prepare responses before being admitted to the interview. Notes may be taken and brought to the interview if desired. Notes will be collected at the end of the interview.

When the interview is completed, there should be no interaction with candidates who may be waiting to be admitted to the oral interview.

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PSYCHOLOGY EXAMINING BOARD

APPLICATION FOR THE PRIVATE PRACTICE OF SCHOOL PSYCHOLOGY

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. _____

School Name: _____

School Address: _____
(City) (State)

Date of Diploma: _____
month/day/year

DO YOU HOLD A REGULAR LICENSE AS A SCHOOL PSYCHOLOGIST FROM THE STATE OF WISCONSIN, DEPARTMENT OF PUBLIC INSTRUCTION?

YES ☐ NO ☐

APPLICATION FEE Make check payable to Department of Regulation and Licensing and attach to application

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

For Receipting Use Only

#637 (Rev. 5/03)
Ch. 457, Stats.

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Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fee attached to this application (Form #637)

Addendum to Application Form (Form #2380)

Copies of malpractice suit(s). Court documents with allegations and settlement (if applicable)

Letters from all state boards where credentialed (includes active and inactive credentials)

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

EDUCATION:

Degrees Received	Educational Institution	Department	Major as shown on Transcript	Date Graduated m/d/y

EXPERIENCE AND PRACTICE: Place of employment (name, address, supervisor). Describe your duties here.

_____

_____

_____

_____

Please attach a vita which includes all experience you feel is pertinent to the private practice of school psychology.

YEAR OF SUPERVISED EXPERIENCE: Please provide the following information documenting completion of a year of successful experience under the supervision of a school psychologist certified by the Department of Public Instruction.

LOCATION	DATES (from – to) m/d/y	HOURS PER WEEK	SUPERVISOR

Estimated supervised hours per week in each activity. (Total hours should equal the total number of hours per week in the year of supervised experience).

Have you ever held a certificate or license to practice psychology or school psychology in any other jurisdiction?

[] Yes [] No If yes, where?_____

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN PSYCHOLOGY EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

		YES	NO
1.	Are you a diplomate in any specialty area in psychology? Identify specialty: _____ Identify organization awarding diplomate status: _____	❑	❑
2.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	❑	❑
3.	Have you ever failed to pass any state board examination, national board examination, NCSP examination, or EPPP examination? If yes, give details on an attached sheet.	❑	❑
4.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	❑	❑
5.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	❑	❑
6.	Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
7.	Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
8.	Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	❑	❑
9.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	❑	❑
10.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	❑	❑
11.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	❑	❑

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice school psychology" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate diagnoses and exercise reasoned psychology judgments and to learn and keep abreast of psychology developments; and
2. The ability to communicate those judgments and psychology information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform psychology tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

Wisconsin Department of Regulation & Licensing

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

		YES	NO
12.	Do you have a medical condition which in any way impairs or limits your ability to practice school psychology with reasonable skill and safety? If yes, please explain.	❑	❑
13.	Does your use of chemical substance(s) in any way impair or limit your ability to practice school psychology with reasonable skill and safety? If yes, please explain.	❑	❑
14.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	❑	❑
15.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.	❑	❑
16.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.	❑	❑
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	❑	❑
18.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	❑	❑

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained 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 or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Psychology Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

_____ _____

Applicant Signature Date

Subscribed and sworn to before me this _____ day of

_____, 20_____

_____

Notary Public

_____

State

My Commission Expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary pubic on the same date.

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PSYCHOLOGY EXAMINING BOARD

NATURE OF PRIVATE PRACTICE OF SCHOOL PSYCHOLOGY

NAME: _____ DATE: _____

INSTRUCTIONS: In the space below, please check your intended areas of practice if you obtain a private practice of school psychology license in Wisconsin. In light of your education, training and supervised experience, mark the types of general and specialized services you will provide and to whom the services will be rendered. Be certain that your statement of intended practice includes only those services and populations which can be supported by supervisory documentation of appropriate training and supervised experience.

1. GENERAL SERVICES QUALIFIED TO PROVIDE

(1) ____ Counseling
(2) ____ Evaluation
(3) ____ Consultation
(4) ____ Research
(5) ____ Academic Teaching (Attach documentation of courses taught in an academic setting.)

2. POPULATIONS QUALIFIED TO SERVE

(1) ____ Preschool Children (under 5)
(2) ____ Children (5-12)
(3) ____ Adolescents (13-17)
(4) ____ College (in a college setting)
(5) ____ Adults (18 and over)

3. SPECIALIZED SERVICES QUALIFIED TO OFFER

(1) ____ Assessment & Services for ADD/ADHD
(2) ____ Behavioral Modification
(3) ____ Cognitive Disabilities
(4) ____ Family Counseling
(5) ____ Hypnosis
(6) ____ Learning Disabilities
(7) ____ Program Evaluation & Development
(8) ____ Group Counseling
(9) ____ Other: _____

Comments/Clarification: _____

SIGNATURE: _____

#638 (Rev. 4/03)
Ch. 455, Wis. Stats.

Wisconsin Department of Regulation & Licensing

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PSYCHOLOGY EXAMINING BOARD

EXPERIENCE VERIFICATION

APPLICANT NAME: _____

The above-named individual has applied for a license for the private practice of school psychology in the State of Wisconsin. One of the requirements is either one year of successful experience as a school psychologist under the supervision of a cooperating school psychologist and a written recommendation from the school system administration or one year of internship in school psychology under the supervision of a licensed school psychologist and a written recommendation from the school system administration. The internship shall occur after completion of most or all course work in a training program. The internship shall be part of an approved program and shall be taken for a maximum of 12 graduate semester credits.

Recognizing that you are legally and ethically responsible for the activities of the applicant during the period of time you were his/her supervisor, please use utmost care in being specific in the details you provide on the following form.

Please complete this form and return it to the PSYCHOLOGY EXAMINING BOARD, P.O. BOX 8935, MADISON, WISCONSIN, 53708-8935. The application for licensure cannot be processed until this form is received.

1. Name and address of agency where supervised experience was gained:

2. The applicant's title and position during the year of supervised psychological experience:

   Title _____

   Position _____

3. Beginning and ending dates of the supervised psychological experience:

   Was the applicant working full-time?

4. Indicate type of experience gained:

   _____ a. One year of successful experience
   _____ b. One year of internship in school psychology

5. If "b," identify the University in which graduate credit was earned for the internship experience and indicate course numbers and credit awarded:

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6. Please describe the type and frequency (hours, etc.) of supervision provided by you:

7. If internship, please describe the type and frequency (hours, etc.) of supervision provided by University faculty:

8. Was the functioning of the applicant successful?

9. Based upon your overall experience with this applicant, do you personally attest to sufficient competence and professional judgment requisite to independent, unsupervised private practice of school psychology?

10. Do you have any reservations that would aid the Psychology Examining Board in evaluating this applicant's ability to pursue the private practice of school psychology? Please delineate.

11. Do you have any relationship with this applicant outside of the supervisory relationship?

    Yes _____

    No _____

    If yes, explain:

12: Did you provide this applicant with a written evaluation of his or her work?

    Yes _____

    No _____

Wisconsin Department of Regulation & Licensing

SUPERVISOR CREDENTIALS

NAME OF SUPERVISOR _____ DEGREE: _____
(Please print or type)

YOUR TITLE AT TIME APPLICANT WAS SUPERVISED: _____

_____

ARE YOU LICENSED AS A PSYCHOLOGIST UNDER CH. 455, STATS.?

YES _____ NO _____ NUMBER OF YEARS _____

ARE YOU LICENSED FOR THE PRIVATE PRACTICE OF SCHOOL PSYCHOLOGY?

YES _____ NO _____ NUMBER OF YEARS _____

ARE YOU LICENSED AS A SCHOOL PSYCHOLOGIST BY DPI?

YES _____ NO _____ NUMBER OF YEARS _____

DPI LICENSE NUMBER _____ DATE OF LICENSURE _____

_____
Signature

_____
Title

_____
Mailing Address

_____

_____
Phone Number

_____
Date Signed

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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

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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APPLICATION PACKET ADDENDUM (INTERNET)

PRIVATE PRACTICE OF SCHOOL PSYCHOLOGY

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)