

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dpscredcib@wisconsin.gov
Website: <http://dps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTIONS FOR APPLICATION FOR PREDETERMINATION (#3253)

IMPORTANT NOTE: By submitting this form you are requesting a **pre-application** review of your conviction record. It is an **optional, preliminary** step that occurs **prior** to submitting an initial credential application and meeting credentialing requirements. (Please see below and Question 1 on Page ii for more information.)

PROFESSION	PREDETERMINATION FORM NUMBER
Aesthetician, Aesthetician Instructor or Aesthetics Establishment; Barbering, Barbering Instructor, Barbering Apprentice, or Barbering Establishment; Cosmetologist, Cosmetologist Instructor, Cosmetology Apprentice or Cosmetology Establishment; Electrologist, Electrologist Instructor or Electrology Establishment; or Manicurist, Manicurist Instructor or Manicuring Establishment	USE THIS FORM #3253
Advanced Practice Nurse Prescriber, Licensed Practical Nurse, Nurse Midwife, Registered Nurse, Wholesale Distributor of Prescription Drugs, Third Party Logistics Providers, Licensed Midwives, Private Security Person, Private Detective, Firearms Certifier, and Private Detective/Security Agency	DO <u>NOT</u> USE THIS FORM (#3253) USE FORM #3086
All other health and business professions	DO <u>NOT</u> USE THIS FORM (#3253) USE FORM #3085

The Fair Employment Act (Wis. Stat. §§ [111.31](#)-111.395) prohibits employment and licensing discrimination on the basis of a conviction record unless the circumstances of the offense substantially relate to the circumstances of the particular job or licensed activity. An individual who does not possess a credential with the Department may use this form to apply, pursuant to Wis. Stat. § [111.335\(4\)\(f\)](#), for a determination of whether his or her conviction record would disqualify him or her from being credentialed. The offenses or kinds of offenses that may result in a refusal, bar, or termination of licensure available on the DSPS website, [Offenses that May Result in Refusal, Bar, or Termination of Licensure](#).

Submission of a predetermination application is **optional** and allows an individual to learn if his or her conviction record would disqualify him or her for a particular credential before applying for that credential. **Only submit this predetermination application if, in this state or any other state:**

- You have ever been convicted of a felony committed while engaged in the practice of barbering or cosmetology (This only applies to those who hold or have held a license to practice barbering or cosmetology.), **AND/OR**
- You have ever been convicted of a felony, misdemeanor, or other violations of federal or state law involving the use of alcohol or other drugs,

AND seek a determination whether your conviction record would disqualify you from obtaining a particular credential before submitting a credential application and meeting all credentialing requirements.

If you submit this predetermination application and receive a favorable predetermination decision (i.e., that your conviction record would not disqualify you from obtaining a particular credential):

- You **will not** be required to submit additional information related to those convictions (such as personal statements or court documents) with Barbering and Cosmetology Convictions Form ([#2253](#)) when you submit your credential application.
- If you receive any new convictions after the date of your favorable predetermination decision, you **will** need to submit all required documentation for each **new** conviction along with Form [#2253](#) and your credential application.
- You will only need to pay the difference between the predetermination application fee and the initial credential fee when you apply for a credential if you apply **within 1 (one) year** of the predetermination decision. For example, if the \$68 predetermination fee is paid and the initial credential fee is \$75, you will owe another \$7 for the initial credential fee. **This does not include any fees for exams or subsequent background check fees. (If the credential fee is less than \$68, no refunds will be issued.)**
- You will still need to meet all credentialing requirements (i.e., training/education, exams, etc.). **A favorable predetermination decision does not guarantee licensure.**

Wisconsin Department of Safety and Professional Services

FREQUENTLY ASKED QUESTIONS

1. What should I consider before submitting an Application for Predetermination (#3253)?

- An Application for Predetermination (#3253) is an optional, preliminary step that occurs prior to submitting an initial credential application and meeting credentialing requirements. If the predetermination conviction record review results in a decision letter that states your conviction record would not disqualify you from receiving a specific credential, you then need to submit the credential application, Convictions and Pending Charges Form (#2253), and meet all credentialing requirements. (See last paragraph on Page I for more information.)
- Seeking a predetermination (Form #3253) is an optional step. Alternatively, you may forgo the predetermination process and simply submit your initial credential application along with the Convictions and Pending Charges Form (#2253) and all credentialing requirements. Convictions and pending charges will be reviewed as part of the application process. Consider this *especially* if you have a job offer or plan to become employed in the near future.
- If you choose to submit an Application for Predetermination (#3253), it is recommended you submit it *if you plan to apply for a credential within one year*.

2. What convictions do I need to report?

- Report all felony convictions committed while engaged in the practice of barbering or cosmetology in this state or any other. (This only applies to those who hold or have held a license to practice barbering or cosmetology.)
- Report all felony or misdemeanor convictions or other violations of federal or state law involving the use of alcohol or other drugs in this state or any other.

3. If my conviction was expunged, do I need to report or submit anything?

- Technically, there was a conviction at one point in time; therefore, you need to disclose the conviction and provide all documents required. Also, include a court document stating the conviction was expunged.

4. What do I do if records are no longer available due to the length of time that has passed since the conviction?

- Include a personal statement describing each offense along with an explanation of the penalties imposed and verification that you completed all requirements. State that the records are no longer available in your personal statement and include a letter from the appropriate agency/police department, and/or court records custodian confirming the unavailability of the records.

5. How long does it take to review these documents?

- The time period for conviction review varies depending on whether all information is complete, all documentation is received, and/or whether it needs to be reviewed by a licensing Board attached to the Department, etc.

6. What are certified court records and where do I get them?

- These are records certified as true and correct by the Office of the Clerk of Courts and may include judgment of conviction, police report/incident report/criminal complaint, court-ordered assessment report, etc.
- Records may be obtained from the Office of the Clerk of Courts in the county in which your case was heard or the relevant police department.

7. If I was underage at the time of the offense, do I need to report or submit anything?

- If you were convicted of a felony committed while engaged in the practice of barbering or cosmetology in adult court, report the conviction, and submit all court documents and verification that you have complied with all requirements. (This only applies to those who hold or have held a license to practice barbering or cosmetology.)
- Report all felony or misdemeanor convictions or other violations of federal, state, or local law involving the use of alcohol or other drugs received in adult court.

IMPORTANT NOTE: DO NOT SUBMIT THIS FORM UNLESS ALL DOCUMENTATION REQUESTED IS INCLUDED.

SUBMIT FORM AND MATERIALS TO DSPSCREDCIB@WISCONSIN.GOV.

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APPLICATION FOR PREDETERMINATION (#3253)

The Fair Employment Act (Wis. Stat. §§ [111.31](#)-111.395) prohibits employment and licensing discrimination on the basis of a conviction record unless the circumstances of the offense substantially relate to the circumstances of the particular job or licensed activity.

An individual who does not possess a credential with the Department may use this form to apply, pursuant to Wis. Stat. § [111.335\(4\)\(f\)](#), for a determination of whether his or her conviction record would disqualify him or her from being credentialed.

By submitting this form, you are requesting a pre-application review of your conviction record. It is an optional, preliminary step that occurs prior to submitting an initial credential application and meeting credentialing requirements. (Please see Page i and Question 1 on Page ii for more information.)

PROFESSION YOU WISH TO ENTER: <input style="width:90%;" type="text"/>			
PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more individuals (Wis. Stat. § 440.14).			
Last Name	First Name	MI	Former / Maiden Name(s)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
List All Other Names Used			
<input style="width:95%;" type="text"/>			
<input style="width:95%;" type="text"/>			
Address (number/street) (city) (state) (zip code)			Daytime Phone Number
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>
Mailing Address (if different) (number/street) (city) (state) (zip code)			Date of Birth
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>
Social Security Number		Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051 . The Department may not disclose the Social Security Number collected except as authorized by law.	
<input style="width:95%;" type="text"/>			
E-mail Address			
<input style="width:95%;" type="text"/>			
PREDETERMINATION FEE:		For Receipting Use Only	
<input type="checkbox"/> \$68 Predetermination Fee			

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Wisconsin Department of Safety and Professional Services

In this state or any other LIST all felony convictions if the felony was committed while engaged in the practice of barbering or cosmetology (This only applies to those who hold or have held a license to practice barbering or cosmetology.) AND list all convictions for felony, misdemeanor, or other violations of federal or state law involving the use of alcohol or other drugs. Attach additional sheet(s) if necessary.

***Please indicate Felony=F or Misdemeanor=M**

Conviction	Conviction Date	Location (City, County, State)	*F or M

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED. FOR EACH CONVICTION OR VIOLATION LISTED ABOVE, YOU MUST SUBMIT THE FOLLOWING:

- Certified copies of the Police Report or Criminal Complaint
- Certified copies of the Judgment of Conviction
- Personal Statement (Only needed if certified copies of Police Report or Criminal Complaint and Judgment of Conviction do not exist and/or your responses to Questions 1 through 9 require additional explanation.)

NOTE: Do not submit Consolidated Court Automation Program (CCAP) or other online court access printouts. They do not satisfy documentation requirements. During the Department’s review of the predetermination application, you may be asked to submit additional information.

YOU MUST ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever been sentenced by a court to participate in an alcohol or other drug assessment? If YES, provide a copy of the assessment and include a statement describing your current use of alcohol and/or drugs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>A. Have you ever been sentenced by a court to participate in an alcohol or other drug treatment or counseling program? If YES, complete Question 2B.</p> <p>B. If YES to Question 2A, did you successfully complete the program? If YES, attach the certificate of completion/discharge summary.</p> <p>NOTE: If you did not complete the program, attach a statement explaining why.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>A. Have you ever been placed on probation and/or extended supervision? If YES, complete Question 3B.</p> <p>B. If YES to Question 3A, did you successfully complete probation and/or extended supervision? If YES, provide evidence such as a release document or a Department of Corrections (DOC) document.</p> <p>NOTE: If you are currently on probation or extended supervision, provide a letter from your probation officer or other official describing your probation or extended supervision requirements and your compliance with those requirements.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>A. Have you ever been placed on parole? If YES, complete Question 4B.</p> <p>B. If YES to Question 4A, did you successfully complete parole? If so, provide evidence such as a release document or Department of Corrections (DOC) document.</p> <p>NOTE: If you are currently on parole, provide a letter from your parole officer describing your parole requirements and your compliance with those requirements.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever served in the U.S. military or National Guard? If YES, please include a copy of any Department of Defense (DOD) Form 214s or National Guard Bureau (NGB) 22s you wish to have considered as evidence of rehabilitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

6.	Do you have any mitigating (lessening the gravity of an offense or mistake) circumstances or social conditions surrounding the commission of the offense(s)? If YES, please include details in an attached personal statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Since your offense(s), do you have any evidence of rehabilitation, such as employment, education, participation in treatment, payment of restitution, or any other activity that you wish to have considered as evidence of rehabilitation? If YES, please include evidence of such and/or a personal statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p>A. Did you serve a jail or prison sentence? If YES, provide evidence such as a release document or Department of Corrections (DOC) document <u>and</u> complete Question 8B.</p> <p>B. If YES to Question 8A, do you have any letters of reference by persons (such as employers, clergy, counselors, etc.) who have been in contact with you since your release from jail or prison that you wish to have considered as evidence of rehabilitation? If YES, please provide them.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? If YES, state what profession(s) and in what state(s), including license number(s). (Attach additional sheets if necessary.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL STATEMENT FOR EACH CONVICTION (Only needed if certified copies of Police Report or Criminal Complaint and Judgment of Conviction do not exist and/or your responses to questions 1-9 require additional explanation.)
 (Attach additional sheets if necessary.)

A personal statement should describe the events that led to each offense and conviction listed on Form #3253, along with an explanation of the penalties imposed, and verification that you completed all sentencing requirements. The statement should address the “who,” “what,” “when,” “where,” “how,” and “why” of the circumstances that led to each conviction.

Example of an Adequate Personal Statement: In 2019, I was convicted of an OWI 2nd. I was out with friends for a birthday party. I drank too much at the bar and made the poor decision to drive myself home. On the way home, I was pulled over for speeding. I failed the field sobriety test and blew a “.10.” I was ticketed, paid a fine, and had my driver's license suspended. I was also sentenced to do an alcohol and drug assessment (AODA) and attend treatment classes. Attached to this statement are copies of the criminal complaint and the judgment of conviction, my AODA, and records showing that I successfully completed alcohol counseling and treatment courses.

CONVICTION(S):

Wisconsin Department of Safety and Professional Services

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until a predetermination decision is made.

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 or in connection with an application for a credential, or failing to provide relevant information, may be grounds for denial of an application, revocation of a credential granted to me, or criminal prosecution. I confirm that I have included all information and documentation requested by this form. **I understand that my application is incomplete until the Department receives all requested information and documentation. Incomplete applications will not be processed or reviewed until the Department receives all requested information and documentation.**

Signature:

(If unable to provide a digital signature print and sign form.)

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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