

# 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:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INSTRUCTIONS FOR COMPLETING CONVICTIONS AND PENDING CHARGES FORM (#2254)

**Important Notice: DO NOT SUBMIT THIS FORM UNLESS ALL DOCUMENTATION REQUESTED IS INCLUDED.**

**Incomplete information will delay the processing time.**

PROFESSION	CONVICTIONS AND PENDING CHARGES 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	DO NOT USE THIS FORM (#2254) <b>USE FORM #2253</b>
<b>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</b>	<b>USE THIS FORM #2254</b> (initial and renewal applications)
All other health and business professions - For initial applications use Form #2252. For renewal applications use Form #2254.	DO NOT USE THIS FORM (#2254) <b>USE FORM #2252</b> (initial applications)
<b>FINGERPRINTING:</b> Some professions require fingerprinting. If you are seeking a predetermination of your conviction record to obtain a credential for a firearms certifier, private security person, private detective, private detective/security agency, multistate registered nurse, or multistate licensed practical nurse you will receive instructions on how to obtain fingerprints after the Department receives your predetermination application and a signed Form #2687, Authorization for Release of FBI Information.	

If you have an arrest (pending charges) record or a conviction record, complete this form and return it with your application, application fee, and an additional \$8.00 conviction review fee. If you obtained fingerprints as a requirement for your application, you do not need to submit the \$8.00 fee. Please consult the “Frequently Asked Questions” on page ii for more information on completing this form.

If you have pending felony or misdemeanor charges or pending charges for other violations of federal, state, or local law, including municipal ordinances in Wisconsin or any other state, see Page 2 for a list of required documents. If you have convictions, list all felonies, misdemeanors, and other violations of federal, state, or local law, including municipal ordinances, for which you have ever been convicted, in Wisconsin or any other state. This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. For each conviction, list the type of offense, date, and location. You do not need to report dismissed charges. You only need to report municipal ordinance violations that occurred in the past seven (7) years.

If you discover the required documents are not available after contacting the appropriate agency/police department, and/or court, please indicate this in a personal statement and submit the personal statement to the Department, along with any documentation that is available and a letter from the appropriate agency/police department, and/or court records custodian confirming the unavailability of the records.

The Fair Employment Act (Wis. Stat. §§ [111.31](#)-111.395) 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 may be considered a false statement on an application.

# Wisconsin Department of Safety and Professional Services

## FREQUENTLY ASKED QUESTIONS

1. **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.
2. **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.
3. **Do I need to report or submit anything about minor traffic violations, e.g., a speeding ticket?**
  - There is no need to disclose most traffic violations, however, any traffic violation that involves alcohol (including convictions for operating while intoxicated) or other drug use, must be disclosed.
4. **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.
5. **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.
6. **If I was underage at the time of the offense, do I need to report or submit anything?**
  - If you were convicted in adult court, report the conviction, and submit all court documents and verification that you have complied with all requirements. Any conviction received in adult court involving alcohol (including convictions for operating while intoxicated) or other drug use, must be disclosed.
7. **I submitted an Application for Predetermination (#3086) and received a favorable predetermination decision (i.e., that my conviction record would not disqualify me from obtaining a particular credential), what do I need to submit with this Form (#2254)?**
  - You must submit this Form (#2254) and list the convictions reported on Form #3086. However, you are not required to submit additional information related to those convictions (such as personal statements or court documents).
  - If you have received any new convictions or pending charges (felony, misdemeanor, or other violations of federal, state, or local law, including municipal ordinances, in Wisconsin or any other state) after the date of our favorable predetermination decision, you will need to submit all required documentation for each new conviction or pending charge.
  - If you apply for a credential **within 1 (one) year of the predetermination decision**, pay only the difference between the predetermination application fee and the initial credential fee when you submit your credential application. For example, if you paid a \$68 predetermination fee 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.)**
  - Please note, you will still need to meet all credentialing requirements (i.e., training/education, exams, etc.). A favorable predetermination decision does not guarantee licensure.

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

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### CONVICTIONS AND PENDING CHARGES FORM (#2254)

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

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 credential holders (Wis. Stat. § 440.14).
Profession <input type="text"/>		Application/License Number <input type="text"/>	
Last Name <input type="text"/>		First Name <input type="text"/>	MI <input type="text"/>
List All Other Names Used <input type="text"/>			
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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.			
E-mail Address <input type="text"/>			
Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

FEE: Please check applicable box. Make check payable to DSPS and attach to this form. To pay by credit card see Form 3071.

- CIB Review Fee  
\$ 8.00 Total Fee Attached (Only required if you were not fingerprinted as a requirement of your application.)

For Receipting Use Only

# Wisconsin Department of Safety and Professional Services

## PENDING CHARGES

List all **PENDING** felony or misdemeanor charges or **PENDING** charges for other violations of federal, state, or local law including municipal ordinances, in Wisconsin or any other state. Attach additional sheet(s) if necessary.

\*Felony=F, Misdemeanor=M, or Ordinance=O

Pending Charge	Date of Arrest	Location (City, County, State)	*F, M, O
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED FOR EACH PENDING CHARGE LISTED ABOVE, YOU MUST SUBMIT THE FOLLOWING:**

- Certified copies of the Police Report or Criminal Complaint
- Personal Statement (Only needed if certified copies of Police Report or Criminal Complaint do not exist and/or your responses to questions 1-12 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 application, you may be asked to submit additional information.

## CONVICTIONS

List all **CONVICTIONS** for felony, misdemeanor, or other violations of federal, state, or local law, including municipal ordinances, in Wisconsin or any other state. Do not include municipal ordinance violations that occurred more than seven (7) years ago. Do not include minor traffic violations that do not involve alcohol or drugs such as speeding, seat-belt violations and parking tickets. Attach additional sheet(s) if necessary.

\*Felony=F, Misdemeanor=M, or Ordinance=O

Conviction	Conviction Date	Location (City, County, State)	*F, M, O
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_
	_ _ / _ _ / _ _		_

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

- Certified copies of the Police Report or Criminal Complaint
- Personal Statement (Only needed if certified copies of Police Report or Criminal Complaint do not exist and/or your responses to questions 1-12 require additional explanation.)
- Certified copies of the Judgment of Conviction

**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 application, you may be asked to submit additional information.

# Wisconsin Department of Safety and Professional Services

**YOU MUST ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheet(s) if necessary.)

1.	Did you previously apply for a predetermination of the conviction(s) by submitting Form #3086 and the required documentation? <b>If YES, proceed to Question 2. If NO, proceed to Question 4.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If YES to Question 1, did you receive a predetermination decision letter dated within one year of your credential application, indicating the conviction(s) did not disqualify you from licensure? <b>If YES, proceed to Question 3. If NO, provide all documentation for all convictions reported above and proceed to Question 4.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If YES to Question 2, since the date of the predetermination decision letter indicating you were not disqualified from licensure, have been convicted of or charged with any felony, misdemeanor, or other violation of federal, state, or local law in Wisconsin or any other state? <b>If YES, ensure these are also listed in the grid(s) above and provide and documentation for those convictions and pending charges received after the date of the predetermination decision letter.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been sentenced by a court to participate in an alcohol or other drug assessment? <b>If YES, provide a copy of the assessment and include a statement describing your current use of alcohol and/or drugs.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	A. Have you ever been sentenced by a court to participate in an alcohol or other drug treatment or counseling program? <b>If YES, complete Question 5B.</b> B. If YES to Question 5A, did you successfully complete the program? <b>If YES, attach the certificate of completion/discharge summary.</b> <b>NOTE: If you did not complete the program, attach a statement explaining why.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	A. Have you ever been placed on probation and/or extended supervision? <b>If YES, complete Question 6B.</b> B. If YES to Question 6A, did you successfully complete probation and/or extended supervision? <b>If YES, provide evidence such as a release document or a Department of Corrections (DOC) document.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	A. Have you ever been placed on parole? <b>If YES, complete Question 7B.</b> B. If YES to Question 7A, did you successfully complete parole? <b>If YES, provide evidence such as a release document or Department of Corrections (DOC) document.</b> <b>NOTE: If you are currently on parole, provide a letter from your parole officer describing your parole requirements and your compliance with those requirements.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever served in the U.S. military or National Guard? <b>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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you have any mitigating (lessening the gravity of an offense or mistake) circumstances or social conditions surrounding the commission of the offense(s)? <b>If YES, please include details in an attached personal statement.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	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? <b>If YES, please include evidence of such and/or a personal statement.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	A. Did you serve a jail or prison sentence? <b>If YES, provide evidence such as a release document or Department of Corrections (DOC) document <u>and</u> complete Question 11B.</b> B. If YES to Question 11A, 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? <b>If YES, please provide them.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are you registered or licensed in any other profession(s)? <b>If YES, state what profession(s) and in what state(s), including license number(s).</b> (Attach additional sheets if necessary.) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

**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 1-12 require additional explanation.)  
(Attach additional sheet(s) if necessary.)

A personal statement should describe the events that led to each offense and conviction listed on Form #2254, 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 1st. 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 police report and the judgment of conviction, my AODA, and records showing that I successfully completed alcohol counseling and treatment courses.

**CONVICTION(S):**

## **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 licensure is granted or denied.

## **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:

Date:  /  /

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