

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

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

INSTRUCTIONS FOR APPLICATION FOR PREDETERMINATION

PLEASE READ CAREFULLY: If you are seeking a predetermination of your convictions to obtain a credential for a **private security person, private detective, firearms certifier, juvenile martial arts instructor, licensed/certified real estate appraiser, registered/licensed practical nurse (multi-state only), wholesale distributor designated representative or the interstate medical licensure compact privilege,** you will receive instructions on how to obtain fingerprints **after** the Department receives a signed form 2867.

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APPLICATION FOR PREDETERMINATION

The Fair Employment Act (Wis. Stat. §§ 111.31-111.395) prohibits employment and licensing discrimination on the basis of a criminal conviction record unless the circumstances 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 to the Department, pursuant to Wis. Stat. § 111.335(4)(f), for a determination of whether his/her criminal conviction record would disqualify them from being credentialed.

PROFESSION YOU ARE APPLYING FOR: <input style="width: 90%;" type="text"/>			
PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more individuals (Wis. Stat. § 440.14).			
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 30px;" type="text"/>	Former/Maiden Name(s) <input style="width: 95%;" type="text"/>
List all other names used <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>			
Address (street, city, state, zip) <input style="width: 95%; height: 25px;" type="text"/>		Daytime Telephone Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Mailing Address (if different) <input style="width: 95%; height: 25px;" type="text"/>		Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Social Security # <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		Your Social Security Number or Employer Identification 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.	
Ethnicity/gender status information is optional.			
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Email Address <input style="width: 95%; height: 25px;" type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

\$68.00 Pre-Determination Fee

For Receiving Use Only

Wisconsin Department of Safety and Professional Services

FREQUENTLY ASKED QUESTIONS:

- 1. If I was named in a trial but not convicted, do I need to report or submit anything?**
 - Send in a court document stating either that the charges were dismissed, or you were acquitted.
 - If you entered into a deferred prosecution agreement, submit a copy of the agreement and verification that you have complied with all terms and conditions of the agreement.
- 2. If the conviction was expunged, do I need to report or submit anything?**
 - Usually, the court expunges a conviction after compliance with all sentences of the conviction. Technically, there is 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.
- 3. What do I do if records are no longer available due to the length of time 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 records custodian confirming the unavailability of the records.
- 4. Do I need to report or submit anything about minor traffic violations, i.e. 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.
- 5. How can I find out if I am excluded from getting a license due to a conviction?**
 - Each profession is regulated by its respective statutes and rules. Please refer to the respective statutes and rules of the profession for which you are applying to determine whether your conviction records are substantially related to the practice of the profession.
 - We are unable to determine prior to full review whether an applicant will or will not be issued a license based on the conviction records as it is determined on a case-by-case basis.
- 6. 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, whether it needs to be reviewed by the Board, etc.
- 7. 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 relevant police department.
- 8. If I was underage at the time of the offense, do I need to report or submit anything?**
 - Report the conviction and submit all court documents and verification that you have complied with all requirements. Any conviction received while underage involving alcohol (including convictions for operating while intoxicated) or other drug use must be disclosed.
- 9. What needs to be in the personal statement?**
 - A personal statement should describe the events that led to each offense and conviction listed above along with an explanation of the penalties imposed and verification that you completed all requirements. Be sure to answer the questions: “who,” “what,” “when,” “where,” “how,” and “why.” You might also include any information about changes in your life, including past and current treatment programs, that you would like the Department to consider during the review.
- 10. Do I need to hire a lawyer?**
 - It is your decision as to whether you need to hire an attorney. If you would like a legal opinion, you might want to hire a private attorney, as the legal department of DSPS does not provide legal advice to applicants.

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List all felony, misdemeanor convictions, or violations of municipal ordinance (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.

CONVICTION

DATE OF CONVICTION

LOCATION (City/State)

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

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

- Personal Statement
- Certified copies of the Police Report or Criminal Complaint
- Judgment of Conviction
- Verification of compliance with all terms of the sentence, including chemical dependency assessments, if ordered

NOTE: Do not submit CCAP printouts. They do not satisfy documentation requirements. During the Department's review of the application you may be asked to submit additional information.

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

1.	Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? If yes, did you successfully complete the program? If so, attach a certificate of completion/discharge summary. If you did <u>not</u> complete the program, attach a personal statement explaining why.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been placed on probation? If yes, did you successfully complete probation? If you are currently on probation, provide a letter from your probation officer describing your probation requirements and your compliance with those requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been placed on parole? If yes, did you successfully complete parole? If you are currently on parole, provide a letter from your parole officer describing your parole requirements and your compliance with those requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been ordered to pay restitution? If yes, did you pay the restitution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are there any pending charges against you? If yes, provide a certified copy of the police report and/or criminal complaint.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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PLEASE TAKE NOTICE: IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED PAPERWORK FOR PROCESSING. CCAP PRINTOUTS DO NOT SATISFY DOCUMENTATION REQUIREMENTS.

PERSONAL STATEMENT FOR EACH CONVICTION:

(Attach additional sheet(s) if necessary.)

Provide a personal statement for each conviction and/or pending charge. In each personal statement, describe the facts that led to each offense (i.e. who was involved, where you were, what happened, and why), penalties imposed, and verification that you completed all sentencing requirements.

Example of an Adequate Personal Statement: "In 2011, 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 (AODA) assessment and attend treatment classes. Attached to this statement are copies of the police report from my arrest, a copy of the judgment of conviction, my AODA assessment, and records showing that I successfully completed alcohol counseling and treatment courses." **If you have alcohol and/or drug related convictions, please include a statement a describing your current usage of alcohol and/or drugs.**

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 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 in connection with my application, or failing to provide relevant information, may be grounds for determining that you are not qualified for a credential.

Signature:

Date:

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