

Wisconsin Department of Safety and Professional Services

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DIVISION OF LEGAL SERVICES AND COMPLIANCE

REPORT OF CONVICTION

If you have been convicted of a felony or misdemeanor in this state or elsewhere, you are required to notify the Department in writing of the date, location, and nature of the conviction within 48 hours after the entry of the judgment of conviction. To report a conviction, **complete this form and return it** to the Department.

The information requested on this form will be used to determine whether the circumstances of your conviction substantially relate to the circumstances of the profession for which you are credentialed, and, if so, whether you have provided evidence of rehabilitation pursuant to the Fair Employment Act (FEA). The FEA (Wis. Stat. §§ 111.31-111.395) generally prohibits employment discrimination on the basis of a conviction record unless the circumstances of the conviction substantially relate to the circumstances of the particular job or licensed activity. The information you provide on this form may be verified against criminal information records. If more than 48 hours have passed since your conviction, you should still submit this form. You may provide an explanation for any delay in reporting in the space for comments below or on an attached sheet. Failure to report a conviction may constitute independent grounds for the imposition of discipline against your credential.

Profession		License Number	
<input type="text"/>		<input type="text"/>	
Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
List All Other Names Used			
<input type="text"/>			
<input type="text"/>			
Address (street, city, state, zip)		Date of Birth	
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Mailing Address (if different)		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"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email Address			
<input type="text"/>			

List each felony and/or misdemeanor conviction.

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"/>
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YOUR REPORT 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 Criminal Complaint with the Police Report
- *Certified copies of the Judgment of Conviction

*Certified court records are 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.

IMPORTANT NOTES:

- **Do not submit Consolidated Court Automation Program (CCAP) or other online court access printouts. They do not satisfy documentation requirements.**
- **If you are sending copies under separate cover, provide an explanation in the comments section below or on an attached sheet.**
- **During the Department’s review of your report, you may be asked to submit additional information.**

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

1.	<p>With regard to the information you are reporting, have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? <u>If yes, did you successfully complete the program? If so, attach a certificate of completion/discharge summary.</u> <u>If you did <u>not</u> complete the program, attach a statement explaining why and include a statement describing your current use of alcohol and/or drugs.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>With regard to the information you are reporting, have you ever been placed on probation and/or extended supervision? <u>If yes, did you successfully complete probation and/or extended supervision? If so, provide evidence such as a release document or a Department of Corrections (DOC) document.</u> <u>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.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>With regard to the information you are reporting, have you ever been placed on parole? <u>If yes, did you successfully complete parole? If so, provide evidence such as a release document or Department of Corrections (DOC) document.</u> <u>If you are currently on parole, provide a letter from your parole officer describing your parole requirements and your compliance with those requirements.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>With regard to the information you are reporting, were you discharged from the U.S. military or National Guard since your conviction(s)? <u>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.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>With regard to the information you are reporting, do you have any mitigating (lessening the gravity of an offense or mistake) circumstances or social conditions surrounding the commission of the offense(s)? <u>If yes, please include details in an attached personal statement.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Regarding the conviction(s) you are reporting, 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? <u>If yes, please include evidence of such and/or a personal statement.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<p>With regard to the information you are reporting, did you serve a jail or prison sentence? <u>If yes, 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.</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p>Are you registered or licensed in any other profession(s)? <u>If yes, state what profession(s) and in what state(s), including license number(s). (Attach additional sheets if necessary.)</u></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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You may provide comments in the space below or on attached sheet(s).

COMMENTS:

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the reporting process. If information I have provided in this report becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on this report 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 review process exists until the review of this report is complete.

AFFIDAVIT OF CREDENTIAL HOLDER SUBMITTING THIS REPORT

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 a report regarding a credential, or failing to provide relevant information, may be grounds for denial of a renewal 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 report is incomplete until the Department receives all requested information and documentation. Incomplete reports will not be processed or reviewed until the Department receives all requested information and documentation.**

Signature:

Date: / /