

Licens E

LicenseE Educator Access Portal

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OVERVIEW

This document explains the process college administrators will use to verify the graduation or program completion for individual or multiple students via the LicenseE Educator Access Portal.

EXISTING USERS

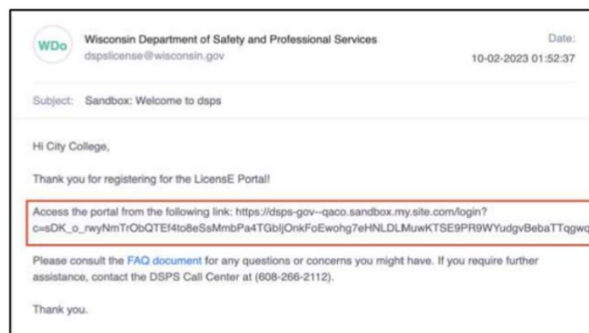
Please submit a [Support](#) ticket in LicenseE explaining any difficulty you have accessing the LEAP portal.

- Under *Category*, select “Licensing”
- Then select “Other” from the *I need assistance with* dropdown menu
- Please be sure to include “LEAP” in the *Subject* line
- Then add your name and contact info
- Finally, include an explanation of the issue in the *Description* box

FIRST TIME ACCESSING LEAP

First-time users must request portal access by submitting a [Support](#) ticket in the LicenseE portal.

- Under *Category*, select “Licensing”
- Then select “Other” from the *I need assistance with* dropdown menu
- Please be sure to include “LEAP” in the *Subject* line
- Then add your name and contact info
- Finally, on the *Description* box, please include the college/university name, name of the administrator who needs access, along with their email address and phone number. Once the sign up is complete, an email will be sent to the college administrator with login-in instructions. See the screenshot below:



1. You will be prompted to enter a New Password and click Change Password.

salesforce

Change Your Password

Enter a new password for rilaw52345@fsouda.com.
Make sure to include at least:

- 8 characters
- 1 letter
- 1 number
- 1 special character

* New Password Good

* Confirm New Password Match

[Change Password](#)

Password was last changed on 2/19/2023, 2:22 PM.

2. The system will direct you to the homepage of your college account.

LicenseE

Home Previous SOG Attestations

If a Student is missing or not showing up, please submit a support ticket

Applicant Search

Search by Graduation Date
 Search by Preliminary Application Reference
 Search by Profession

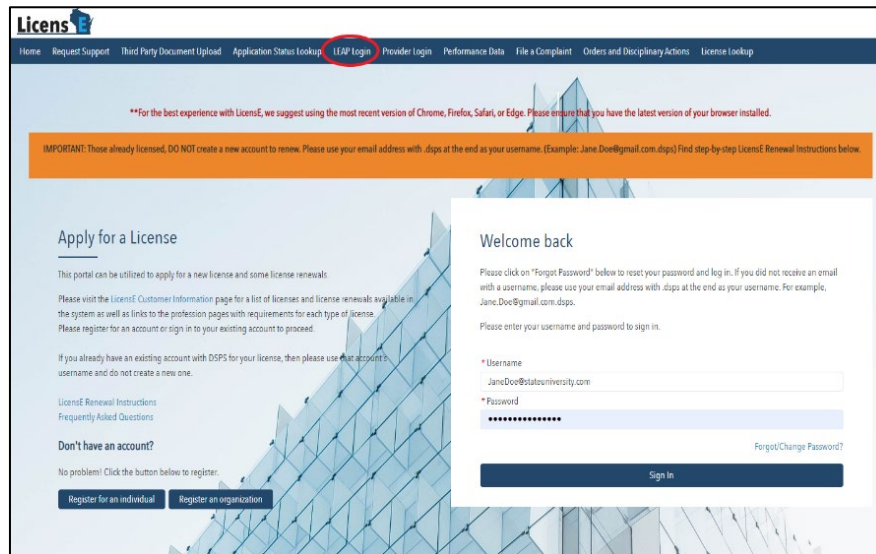
* Graduation Month * Graduation Year * License Type [Search](#)

No records found.

SUBSEQUENT LOG-IN

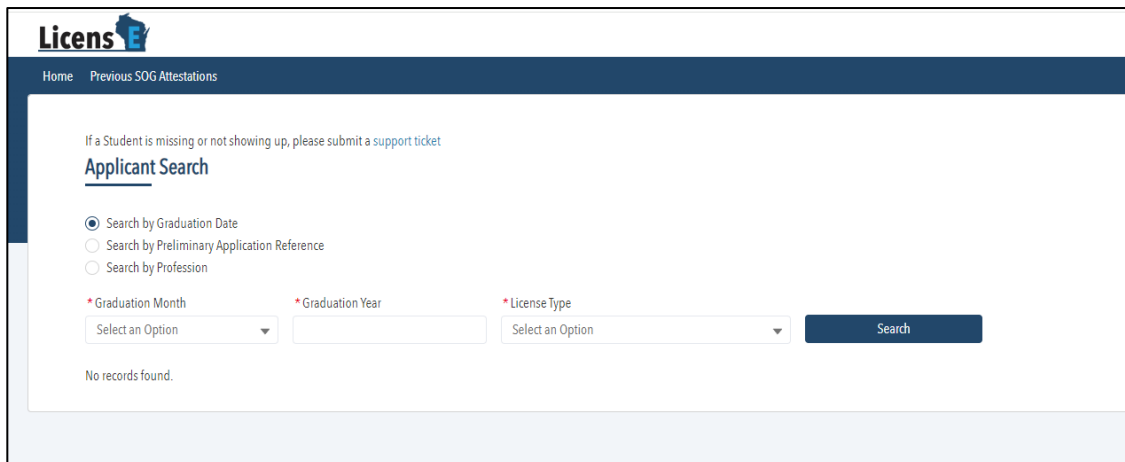
1. Open the LicenseE application at license.wi.gov
2. Select **LEAP Login** (see red circle on screenshot below)

3. Enter your Username, Password, and click the Sign In button.



VERIFICATION OF GRADUATION DATE AND ATTESTATIONS

1. On the Applicant Search page, select **Search by Graduation Date** or **Profession** (for individual or multiple applicants), or **Preliminary Application Reference** (for individual applicants only).



1. If searching by **Graduation Date**, then select the **Month**, **Graduation Year**, and **License Type**
 - Click **Search**

2. If searching by 10-digit **PAR Number**, enter the applicant's **PAR Number (PAR-XXXXXXXXXX)**
 - Click **Search**

3. If Searching by **Profession**, select **Health** from category dropdown, then select the **Profession**
 - Click **Search** and a list of applicants will be displayed

Note: You can select multiple applicants by checking the box above the first applicant's checkbox to bulk update the details.

If a Student is missing or not showing up, please submit a support ticket

Applicant Search

Search by Graduation Date
 Search by Preliminary Application Reference
 Search by Profession

* Graduation Month: May
 * Graduation Year: 2024
 * License Type: Registered Nurse

Search

Applicants

<input type="checkbox"/>	Full Name	Last 4 SSN	Date of Birth	PAR Number(s)	Application Status	Degree
<input type="checkbox"/>	John Doe	5719	1991-06-06	PAR -XXXXXXXXXX	Awaiting Exam Score(s)	Masters of Science in Nursing
<input type="checkbox"/>	Jane Doe	3539	1993-11-13	PAR -XXXXXXXXXX	Pending Applicant Input	Master of Nursing
<input type="checkbox"/>	Miley Cyrus	6725	1999-06-26	PAR -XXXXXXXXXX	Submitted	Master's of Science in Nursing
<input type="checkbox"/>	Mickey Mouse	5830	2002-05-14	PAR -XXXXXXXXXX	Pending Applicant Input	Bachelor of Science in Nursing

2. Verify information and click **Submit**.

Note:

1. Once a record is submitted, you **cannot** edit it again.
2. You can submit the data only when all fields are completed and attestations are answered in the affirmative.
3. Graduation or Program Completion should only be verified once the individual has officially graduated or completed the program.



Statement of Graduation or Completion

School Information

Name of School/Institution
State University

Address of School/Institution
Street City State
Alabama

*Type of Program/Degree (Example, BSN, Masters Degree, PhD) *Major

*Date Diploma Granted or Date Course Completed

Attestations

*I declare, on behalf of the third party asked to provide information related to the applicant(s) identified on this form, that the information provided is true and correct to the best of knowledge and belief

Yes
 No

*The podiatric medical school was approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association (CPE) (formerly the Council on Education of the American Podiatric Association) at the time of the applicant's graduation.

Yes
 No

Previous

Submit