NOTE: City of Chicago residents should forward this form to the Educator Certification Division, Illinois State Board of Education, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION

Educator Licensure Division 100 North First Street, S-306 Springfield, Illinois 62777-0001



APPLICATION FOR TEACHING CERTIFICATE

Directions: Please print or type the information requested, and sign in ink. Return this completed form to your Regional Office of Education, and include the applicable fee in the form of a cashier's check. (Contact information is in your telephone book under local or county government, or at http://www.isbe.net/regionaloffices/pdf/roedirectory.pdf.) Please contact your regional superintendent regarding to whom the cashier's check should be made payable. Chicago residents should mail the application and applicable fee in the form of a cashier's check, payable to the State Superintendent of Education, to the above

address. Fees are not refu	indable or trans	sferable.										
PRINT NAME (Last, First, Middle, Maiden)					SOCIAL SECURITY NUMBER				BIRTHDATE (mm/dd/yyyy)			
HOME ADDRESS (Street, City, State, Zip Code)					SEX	Male F	emale	E-MAIL				
						HONE (Includ	le Area C	ode) Home	TELEPHO	NE (Include Are	a Code) Work	
Yes No Have you ever had a certificate denied, suspended or revoked in Illinois of							r state?		Signatu	re Require	ed	
Yes No Have you ever been convicted of a felony, or any sex, narcotics or drug of							in Illinois I certify, under penalty of perjury, that I do not have a					
S: No	or any other state? Yes No Have you failed to file a tax return with the Illinois Department of Revenue, or form							child support order, and/or that I am not more than 30 days delinquent in complying with a child support order. I understand that I must sign this statement, whether or				
(Attach written explanation for Yes answers.) Aes answers.) Aes No	any tax, penalty, or interest owed or any final assessment of same for any tax as required by law and administered by that Department that was not subsequently resolved to the Department's satisfaction?							d I not I have children, and failure to so certify may result in				
Yes No	Have you ever been indicated as a perpetrator of child abuse responsible for child welfare? (Note: You must answer "Yes"					s" to this guestion even if the			r triose uriable	to complete this	cermication.	
report was removed from the State Central register due to expiration of the retention but you may answer "No" to this question if the finding was reversed on appeal.)							period,	Oeriod, Original Signature of Applicant				
Yes No	Yes No Are you in default on an Illinois student loan for which you have failed to establ satisfactory repayment plan with the Illinois Student Assistance Commission?									Date		
If you previously held an Illinois certificate, complete the following: Type Number							ISBE CERTIFICATION OFFICE USE ONLY					
NAME(S) OF COLLEGES AND UNIVERSITIES			STATE DEG		REE	DATE	DEGREE		CREDIT OR EXP.	TYPE	YEARS VALID	
					DATE C	CERTIFICATE ISSUED						
							CERTIFICATE NUMBER					
		THIS APPLICATION	ON MAY BE	USED TO	REQUE	ST ONLY ON	L NE CERT	TFICATE				
Initial Standard Resident Teacher (Approved Programs Only)												
Early Childhood	y Childhood					Substitute (K-12)						
Elementary (K-9)	ementary (K-9)						Provisional Vocational Occupational Field					
Secondary (6-12)	condary (6-12)					(Vocational Subject to Be Taught)						
I am applying for a Special K-12 Certificate							Tra	Transitional Bilingual				
Endorsement area (One Endorsement per Application)								rt-Time Prov	visional (Lan	guage)		
Supervisory endorsement A special certificate may be issued as a single certificate or split to obtain an elementary an						ndary		t-Time From	risional			
certificate. For information about the difference, go to www.isbe.net/certification/pdf/7303C. I do hereby affirm that the information provided above and the credentials, including transcrip										ect Taught)		
NOTE: Applicants who known revocation of all previous	wingly alter or mi	srepresent their qua									ne suspension or	
Original Signature	of Applicant		Date		Original	Signature of Re	equesting i	Illinois Region	al Superintendent	Da	ate	
Signature of District Superint Vocational Certificate also re			eing made fo	or a Part-1	Time Pro	visional or a	Provision	onal Vocation	onal Certificate	. Applications f	or a Provisional	
Telephone (Include Area Code) District Name and Number						Original Signature of Hiring District Superintendent or Board Secretary						
This section must be completed by Illinois Teacher Education Institution if certificate is to be issued by entitlement. Ignore this section of the form if certification by evaluation (individual applies directly) is requested. As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above-named applicant has completed all requirements						Institution Submitting Application						
of the certification statutes a completed an approved progwhich the applicant is recom	nd relevant rule: gram leading to	s and regulations ar	nd has succe	essfully								

Original Signature of Authorized Official and Seal of Institution

Date