



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



DUAL CREDIT: PSYCHOLOGY VERIFICATION FORM

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I of IV – TO BE COMPLETED BY APPLICANT

This form should only be completed by individuals seeking a Dual Credit endorsement in **Psychology**. Individuals seeking another content area should complete the form applicable to the specific content area.

A Dual Credit endorsement, as designated in [110 ILCS 27/Dual Credit Quality Act](#), is an endorsement valid for Grades 11-12 to be placed on the Professional Educator License at the request of an instructor who meets the appropriate credential standards. An applicant applying for a Dual Credit endorsement who has completed a qualified master's degree or content-specific coursework in graduate disciplines outside a qualified master's degree shall use this form to verify completion of the Dual Credit endorsement requirement.

An applicant must apply for the applicable endorsement in their [Educator Licensure Information System \(ELIS\)](#) account and complete the top portion of this form. The applicant should provide all information requested in Part I of this form and forward it to the hiring institution of higher education so Parts II and III can be completed. Please request that the college/university mail or email the completed form to your Regional Office of Education (ROE) or Intermediate Service Center (ISC). Forms submitted to the ROE by the applicant will not be honored. [Find your local ROE or ISC here](#). ROEs/ISCs will complete Part IV of the form after they receive it and upload it to the applicant's ELIS account.

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	EMAIL

NAME OF REGIONAL OFFICE OF EDUCATION	ADDRESS (Street, City, State, ZIP Code)
ROE EMAIL	TELEPHONE (Include Area Code)

PART II of IV – TO BE COMPLETED BY THE HIRING INSTITUTION OF HIGHER EDUCATION

DIRECTIONS: Please complete the information below, date it, and have the authorized official sign it. Proceed to Part III to verify completion of Dual Credit endorsement requirements. Then mail or email this form to the ROE listed by the applicant in Part I. Forms returned to the educator will not be honored.

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (INCLUDE AREA CODE)	DATE OF EMAIL RECEIVED
NAME OF CHIEF ACADEMIC OFFICER OR PROVOST	TITLE	

PART III of IV – TO BE COMPLETED BY THE HIRING INSTITUTION OF HIGHER EDUCATION

An instructor of dual credit courses shall meet the faculty credential standards specified by the Higher Learning Commission, 23 Illinois Administrative Code 1009.30(a)(2)(A), or Administrative Rule 23 Ill. Adm. Code Section 1501.303 to determine minimally qualified faculty. Colleges and universities must complete a thorough analysis of faculty transcripts in order to validate the minimum qualifications to teach prior to signing off on the endorsement area.

Dual Credit Endorsement	Qualified Master's Degree	Content-Specific Graduate Coursework*	Semester Hours
Psychology	<input type="checkbox"/> QMD: Psychology	Counseling Clinical Psychology Experimental Psychology	_____ _____ _____
<p>A. When reviewing official transcripts for applicable coursework, use the box to the right to indicate the following information for each course honored toward the endorsement.</p> <p>(1) The course prefix (2) The course number (3) Semester hours earned (4) Name of the institution that awarded credit</p> <p>B. Coursework must total 18 semester hours. Convert quarter hours to semester hours, as necessary.</p> <p>C. Coursework must be completed with a grade of "C" or higher.</p>		<p>Use the following format: COM 506 (3 s.h.)- ISU</p>	

*Content-specific graduate coursework outside the **qualifying Masters Discipline** will be evaluated and no more than nine hours will count toward the 18 credit hours required. Additionally, the graduate coursework must relate directly to the content being taught for the endorsement.

YES **NO** *I certify that the information provided above is true and correct.*

Digital or Original Signature of
 CHIEF ACADEMIC OFFICER OR PROVOST

 Date

PART IV of IV – TO BE COMPLETED BY ROE/ISC

DIRECTIONS: Please complete the information below, date it, and have the authorized official sign it. Upload this form to the educator’s ELIS account upon receipt.

NAME OF ROE/ISC	TELEPHONE (Include Area Code)	DATE OF EMAIL RECEIVED
NAME AND TITLE OF LICENSURE SPECIALIST		EMAIL

Digital or Original Signature of
LICENSURE SPECIALIST

Date