

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

**ILLINOIS STATE BOARD OF EDUCATION**  
 Educator Certification Division  
 100 North First Street, S-306  
 Springfield, Illinois 62777-0001



**APPLICATION FOR MASTER CERTIFICATE**

**DIRECTIONS:** Please print or type the information requested, sign in ink and mail to the Illinois State Board of Education at the above address. Include proof of your National Board for Professional Teaching Standards (NBPTS) certification. There is no fee for this certificate.

PRINT NAME (Last, First, Middle, Maiden)		SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
HOME ADDRESS (Street Number, City, State, Zip Code)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL
		TELEPHONE (Include Area Code) Home	TELEPHONE (Include Area Code) Work

**(Attach written explanation for Yes answers.)**

Yes  No Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?

Yes  No Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?

Yes  No Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay 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?

Yes  No Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?

Yes  No Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?

**Signature Required**

*I certify, under penalty of perjury, that I do not have a 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 not I have children, and failure to so certify may result in disciplinary action, and making a false statement may subject me to contempt of court. A written explanation is required for those unable to complete this certification.*

\_\_\_\_\_

*Original Signature of Applicant*

\_\_\_\_\_

*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	DEGREE	DATE	DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID
				DATE CERTIFICATE ISSUED			
				CERTIFICATE NUMBER			

**Out-of-state applicants must submit a copy of their out-of-state certificate.**

*I do hereby affirm that the information provided above and the credentials, including transcripts and other supporting documents, are true, correct and complete.*

**NOTE:** Applicants who knowingly alter or misrepresent their qualifications in order to obtain a certificate shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Original Signature of Applicant*