

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. Please call 217/557-6763 for applicable fee amount.

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



**APPLICATION FOR SHORT TERM EMERGENCY
 CERTIFICATION IN SPECIAL EDUCATION**

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 refundable or transferable.

SECTION I: APPLICANT INFORMATION

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

CERTIFICATE HELD: Type: _____ Certificate Number: _____

This request is for a: New Certificate Reassignment of previously issued certificate (no fee - complete **only** Parts I and III)

(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

SECTION II: REQUESTING TEACHER

Pursuant to Final Transition Rule 25.48, the short-term emergency certificate is appropriate only for individuals who are working toward the LBS1 as indicated but have not yet completed the requirements.

I certify that

- I have attached official transcripts showing that I have completed a course in survey of exceptional children and at least one of the other areas required under 23 Ill. Adm. Code 226.810(b).
- I have attached a plan of education designed to qualify me for certification or approval as an unlimited LBS I in the three-year period of validity of the requested certificate; this plan includes supervised clinical experiences and other courses required for this approval and offered by the institution in which I have enrolled.

Original Signature of Applicant

Date

SECTION III: FOR EMPLOYING PUBLIC SCHOOL DISTRICT, COOPERATIVE, JOINT AGREEMENT OR NONPUBLIC SPECIAL EDUCATION FACILITY

REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME, COOPERATIVE OR JOINT AGREEMENT, EMPLOYING FACILITY
ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)

As administrator of this entity, I certify that

- I have attached a description, bearing my signature, of my efforts to locate a certificated or approved individual to accept this teaching position.
- I have attached a description of the students' disabilities and the supervision to be provided to this individual, including the name and qualifications of the supervisor.
- I certify that I have been unable to secure the services of an appropriately certificated or approved educator and that any such individuals interviewed did not meet district criteria for hire.

_____	_____	_____	_____
<i>Name</i>	<i>Original Signature</i>	<i>Title</i>	<i>Date</i>

SECTION IV: COLLEGE/UNIVERSITY VALIDATION

As certification officer of this institution, I certify that the teacher named above is enrolled in a teacher preparation program leading to approval as a Learning Behavior Specialist I and that the plan, as described, can be completed in the three-year period allotted to this certificate. (Seal)

_____	_____	_____	_____
<i>Name</i>	<i>Original Signature</i>	<i>Title</i>	<i>Date</i>

I recommend issuance of this certificate.

_____	_____	_____	_____
<i>Region</i>	<i>Regional Superintendent</i>	<i>Original Signature</i>	<i>Date</i>