

**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  
 INTERIM CERTIFICATION AS SCHOOL COUNSELOR INTERN**

**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.

This certificate is valid for three years for employment as a school counselor intern and cannot be renewed. It is issued only to persons who meet each of the following requirements:

- Are enrolled in an approved Illinois School Counselor program
- Have completed an approved program and meet all requirements established by rule, or hold a master's degree in another field of counseling and are working toward completion of requirements
- Meet all other statutory requirements for issuance of a certificate (See 23 Ill. Adm. Code, Section 25.225 and Section 25.227.)

PRINT NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
HOME ADDRESS (Street, 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)

<b>(Attach written explanation for Yes answers.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?
	<input type="checkbox"/> Yes <input type="checkbox"/> 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

NAMES OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	ISBE USE ONLY
				DATE CERTIFICATE ISSUED
				CERTIFICATE NUMBER

*I do hereby affirm that the information provided above and the supporting 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**

**Recommendation by Illinois institution with an approved school counseling program:**  
*As certification officer for this institution, I certify that the individual named above is enrolled in our approved school counseling program and has complied with the requirements for the certificate listed in 23 Ill. Adm. Code, Section 25.225 and Section 25.227. This institution recommends that the Illinois State Board of Education issue the Interim School Counselor Intern Certificate.*

[Seal]

\_\_\_\_\_

*Institution*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

*Date* **Original Signature of Authorized Official** *Name of Authorized Official*

*As Regional Superintendent, I request that the Illinois State Board of Education issue the certificate.*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

*Region* *Date* **Original Signature of Regional Superintendent**