

NOTE: **City of Chicago residents** should request their college/university return this form directly 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

STATE-APPROVED PROGRAM VERIFICATION

PART I - TO BE COMPLETED BY APPLICANT

An applicant for an Illinois teaching, administrative, or school service personnel certificate who has completed a state-approved program of preparation at a college or university shall use this form to properly verify the program's completion. The applicant should provide the information requested in Part I of this form including the name and address of the Regional Superintendent's office through which you are making application for Illinois certification is being made. Please request the college/university to forward the completed form to the Educator Certification Division, Illinois State Board of Education.

APPLICANT'S NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
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ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	E-MAIL

NAME OF REGIONAL SUPERINTENDENT'S OFFICE IN WHICH APPLICANT WISHES TO APPLY FOR CERTIFICATION

REGIONAL SUPERINTENDENT'S OFFICE ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
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NAME OF COLLEGE/UNIVERSITY

ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
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PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, leads to a certificate comparable to the specific types listed below. Please stamp the completed form with the appropriate seal of the institution, date it, and affix the signature of the registrar, certification officer, or other authorized official. Send the form to the Educator Certification Division, Illinois State Board of Education. **Forms returned to the applicant will not be honored.**

TYPE OF CERTIFICATE FOR WHICH APPLICATION IS BEING MADE

TEACHING CERTIFICATE	SCHOOL SERVICE PERSONNEL CERTIFICATE (K - 12)	ADMINISTRATIVE CERTIFICATE
<input type="checkbox"/> Early Childhood (PreK-Grade 3) _____ Age or Grade Level	<input type="checkbox"/> School Counselor	<input type="checkbox"/> General Administrative (K-12) (Principal)
<input type="checkbox"/> Elementary (K-9) _____ Grade Level	<input type="checkbox"/> School Social Worker	<input type="checkbox"/> Superintendent (K-12)
<input type="checkbox"/> Secondary (6-12) _____ Teaching Fields	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Chief School Business Official
<input type="checkbox"/> Special (K-12) _____ Grade Level and/or Teaching Field(s)	<input type="checkbox"/> School Nurse <input type="checkbox"/> Speech Language Pathology, Non-Teaching	<input type="checkbox"/> Director of Special Education

I certify that the applicant has completed all requirements of our approved program in effect at the time of applicant's attendance for which recommendation is given.

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	FAX (Include Area Code)
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NAME AND TITLE OF AUTHORIZED OFFICIAL	E-MAIL
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_____ Date	_____ Signature of Authorized Official	COLLEGE/UNIVERSITY Seal
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