

Request for Priority Review of Licensure Application

EDUCATOR EFFECTIVENESS DEPARTMENT								
APPLICANT INFORMATION				EMPLOYMENT INFORMATION				
NAME		IEIN			DISTRICT NAME AND NUMBER			
TYPE OF CREDENTIAL:				POSITION TITLE				
PEL Short-Term Sub Sub Para Endorsement Other Reinstatement				START DATE OF EMPLOYMENT				
PEL	SHORT-TERM SUBST	ITUTE SUB	PA	RA	ENDORSEMENT	OTHER	REINSTATEMENT	
Application in ELIS	Application in ELIS	Application in ELIS	Application in ELIS		Application in ELIS	Application in ELIS	Application in ELIS	
Official transcript with bachelor's degree or higher Valid out-of-state certificate/license	Associate degree from a regionally accredite institution of higher education OR completed at least 60 semester hours of credit from a regionall accredited institution higher education (excluding remedial coursework)	ed bachelor's degree or higher	Associate degree from a regionally accredited institution of higher education OR completed at least 60 semester hours of credit from a regionally accredited institution of higher education (excluding remedial coursework)		Official transcript with appropriate coursework	Applicable documents on file	Official transcript with appropriate coursework	
State-approved program and Completion of Standards verification (80-02)			 GED and a score of 460 or higher on the ETS Parapro OR High school diploma or GED and the following scores on the ACT WorkKeys: Applied mathematics/ applied math (with a score of 4) Reading for information/ workplace documents (with a score of 4) 		applicable content test			
Applicable content test					Area of application:			
					☐ Valid out-of-state certificate/license			

Requests submitted without verification of required applicant documentation will not be considered as a RUSH request. This form should be sent to roe@isbe.net.

Signature of Regional Superintendent/Chicago Public Schools Human Resources Official: ______ Date: _____ Date: _____

Telephone (Include Area Code): _____ Email: _____

ISBE 73-07 (8/23)