

**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 TEACHING CERTIFICATE**

**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.

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

NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE

**THIS APPLICATION MAY BE USED TO REQUEST ONLY ONE CERTIFICATE**

	<b>Initial</b>	<b>Standard</b>	<b>Resident Teacher (Approved Programs Only)</b>	
Early Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Substitute (K-12)
Elementary (K-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provisional Vocational Occupational Field
Secondary (6-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (Vocational Subject to Be Taught)
I am applying for a Special K-12 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transitional Bilingual
Endorsement area _____ (One Endorsement per Application)				_____ (Language)
<input type="checkbox"/> Supervisory endorsement				<input type="checkbox"/> Part-Time Provisional
A special certificate may be issued as a single certificate or split to obtain an elementary and a secondary certificate. For information about the difference, go to <a href="http://www.isbe.net/certification/pdf/7303C_expl.pdf">www.isbe.net/certification/pdf/7303C_expl.pdf</a> ,				_____ (Subject Taught)

*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..

\_\_\_\_\_  
Original Signature of Applicant      \_\_\_\_\_ Date      \_\_\_\_\_  
Original Signature of Requesting Illinois Regional Superintendent      \_\_\_\_\_ Date

**Signature of District Superintendent is required if application is being made for a Part-Time Provisional or a Provisional Vocational Certificate. Applications for a Provisional Vocational Certificate also require ISBE Form 73-23.**

\_\_\_\_\_  
Telephone (Include Area Code)      \_\_\_\_\_ District Name and Number      \_\_\_\_\_  
Signature of Hiring District Superintendent or Board Secretary

**This section must be completed by Illinois Teacher Education Institution if certificate is to be issued by entitlement. Ignore this section of the form if certification by evaluation (individual applies directly) is requested.**

**As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above-named applicant has completed all requirements of the certification statutes and relevant rules and regulations and has successfully completed an approved program leading to the certification and endorsement for which the applicant is recommended.**

\_\_\_\_\_  
Institution Submitting Application

\_\_\_\_\_  
Original Signature of Authorized Official and Seal of Institution      \_\_\_\_\_ Date