

NOTE: City of Chicago residents should forward this form to the 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

**APPLICATION FOR VISITING INTERNATIONAL
TEACHER CERTIFICATE**

INSTRUCTIONS: Please print or type. The applicant is to complete all portions of Part I. The district is to complete all portions of Part II. Attach all documentation requested and submit this application to an Illinois Regional Superintendent of Schools. Attach a money order or cashier's check for \$30 made payable to the State Superintendent of Education. The Visiting International Teacher Certificate is valid for three years and is non-renewable.

PART I – APPLICANT INFORMATION

SOCIAL SECURITY NUMBER	PRINT NAME (Last - First - Middle - Maiden)	BIRTHDATE / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally present and eligible for employment? Please attach evidence.
HOME ADDRESS (Street Number, City, State, Zip Code)		HOME TELEPHONE (Include Area Code)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
		WORK TELEPHONE (Include Area Code)	BIRTHPLACE (City, State and Country)	

Have you: Yes No Ever had a certificate denied, suspended or revoked in Illinois or any other state?
 Yes No 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 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 am not more than 30 days delinquent in complying with a child support order. I understand that failure to so certify shall result in disciplinary action and making a false statement may subject me to contempt of court.

Date

Signature of Applicant

EDUCATION:	INSTITUTION NAME	DATES ATTENDED		CITY/STATE (PROVINCE)/COUNTRY	DEGREE/DIPLOMA	LANGUAGE OF INSTRUCTION	DATE
		Month/Year TO	Month/Year				
Elementary School							
Secondary School							
Pre-University							
University							

CERTIFICATES:

Early Childhood (Type 54) Secondary (Type 59) SUBJECT _____
 Elementary (Type 53) Special (Type 50) SUBJECT _____
 I wish to have a bilingual endorsement in..... LANGUAGE _____
 I wish to obtain an endorsement in the language of instruction used at my university.

I do hereby certify that all the information above is true, accurate and complete.

Date

Signature of Applicant

PART II -TO BE COMPLETED BY DISTRICT SUPERINTENDENT

This District has entered into an agreement with the State Board of Education to test candidates for the Visiting International Teacher certificate in the English Language, to assess their educational programs, to review their backgrounds for criminal convictions and to determine degree equivalence. As district superintendent, I do hereby certify:

- The individual named above has passed and has achieved a passing score of grade level 10.7 or better on the Nelson Denny test in English and has achieved an oral proficiency level in an English oral proficiency interview of at least 2+ on the rating rubric of ACTFL. Evaluations enclosed.
- I have enclosed the district's evaluation methods and conclusions concerning each of the following: the individual's degree equivalence, the grade level of teaching for which the individual has prepared, the individual's major and the subject matter competency examinations associated with the major, and the national means of recording criminal convictions used in the individual's country.
- The district has followed the procedures used for determining the individual's criminal history and that nothing in the record would disqualify the individual under Sec. 10-21.9c of the School Code of Illinois.
- I have enclosed an original foreign credentials evaluation from one of the approved evaluation sources that verifies our conclusions about the applicant's education.

SCHOOL DISTRICT NAME AND NUMBER

REGION-COUNTY-DISTRICT-TYPE CODE

DISTRICT SUPERINTENDENT NAME

Date

Signature of District Superintendent

TO BE COMPLETED BY REGIONAL SUPERINTENDENT

I recommend certificate issuance upon determination that all requirements of the Visiting Teacher Certificate have been fulfilled.

Date

Signature of Regional Superintendent

Region