

ILLINOIS STATE BOARD OF EDUCATION
 Educator Certification Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001

APPLICATION FOR TEACHER LEADER ENDORSEMENT OF ISSUED CERTIFICATE

Directions: Please print or type. Return this form and the required \$30 fee to your regional superintendent. Consult with your regional superintendent regarding the type of payment accepted. Chicago residents should mail the application and a money order or certified check made payable to the **State Superintendent of Education** at the address above. **You may select no more than one endorsement per application.**

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle, Maiden)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE <input type="text"/>
ADDRESS (Street, City, State, Zip Code)			
E-MAIL ADDRESS		TELEPHONE (Include Area Code)	

I HAVE ATTENDED THE FOLLOWING INSTITUTION(S):

STATE	INSTITUTION NAME	DEGREE TYPE	DATE DEGREE RECEIVED

INDICATE CERTIFICATE TO BE ENDORSED	CERTIFICATE NUMBER
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CERTIFICATE KEY

03 Elementary (K-9) / 04 Early Childhood (Age 0-Grade 3) / 09 Secondary (6-12) / 10 Special (K-12)

INSTITUTIONAL VERIFICATION (University must complete this section. Choose one designated area per application from the list at the bottom of this form.)

- The applicant has completed all statutory, regulatory, and program requirements of our approved program in Teacher Leadership in the designated content area listed below.
- The applicant has completed all statutory, regulatory, and program requirements of our approved strand of courses in Teacher Leadership in the designated content area listed below.
- We have reviewed the required documentation, and the applicant has been found to meet all statutory and regulatory requirements to be NCLB Highly Qualified in the designated content area listed below.

Designated content area (must be completed by institution) _____

Name of Institution	Date	Certification Officer Signature and Official Seal
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NOTE: Applicants who knowingly alter or misrepresent their qualifications in order to obtain an endorsement shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.

I do hereby affirm that the information provided above and the credentials, including transcripts and other supporting documents, are true, correct, and complete.

Date	Signature of Applicant
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REGIONAL SUPERINTENDENT

An application and fee will be honored for one year from the date of evaluation. Please request that the applicant submit a set of transcripts if they have not been filed previously and file official transcripts for any work completed since transcripts were last submitted. Applicants seeking additional endorsements whose certificates are not valid must first bring their certificates up to date before an application for an endorsed certificate will be accepted.

I request a review of this endorsement application.

County	Date	Signature of Illinois Regional Superintendent
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Agricultural Education (TLAG) Art (TLAR) Bilingual Education (TB _____) Biology (TLBI) Blind/Visually Impaired (TBVI) Business, Marketing and Computer Education (TBMC) Chemistry (TLCH) Computer Science (TLCS) Dance (TLDA) Deaf and Hard of Hearing (TDHH) Drama/Theatre Arts (TLDT) Earth and Space Science (TLES)	English Language Arts (TELA) English as A Second Language (TENL) Environmental Science (TLEN) Family and Consumer Science (TLFC) Foreign Language (T_____) General Science (TSCI) Geography (TGEO) Health Education (THED) History (THIS) Journalism (TJOU) Library Information Specialist (TLIS) Mathematics (TMAT) Music (TMUS)	Physical Education (TLPE) Physics (TLPH) Political Science (TLPS) Psychology (TPSY) Reading Teacher (TREA) Social Science (TLSS) Sociology and Anthropology (TSSA) Special Education (Cross-Categorical) (TSPE) Speech (TLSP) Speech and Language Pathology (TSLP) Technology Education (Industrial Arts) (TTED) Technology Specialist (Computer related) (TTSP)
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