

NOTE: City of Chicago residents should forward this form to Educator Certification Division, ISBE, 100 North First Street, S-306, Springfield, Illinois 62777-0001. Each application for a certificate must be accompanied by a non-refundable \$30 fee in the form of a money order or certified check made payable to the **State Superintendent of Education**.

ILLINOIS STATE BOARD OF EDUCATION

Educator Certification Division
100 North First Street, S-306
Springfield, Illinois 62777-0001

**APPLICATION FOR SHORT TERM EMERGENCY
CERTIFICATION IN SPECIAL EDUCATION**

DIRECTIONS: Please print or type. Submit this form and required documentation bearing all required signatures to your regional superintendent with a \$30 money order or certified check made payable to the **State Superintendent of Education**. No fee is required for a reassignment of the certificate to another school district.

SECTION I: APPLICANT INFORMATION

NAME (Last, First, Middle, Maiden)		SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street Number, City, State, Zip Code)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL
		HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)
CERTIFICATE HELD: Type: _____ Certificate Number: _____		This request is for a: <input type="checkbox"/> New Certificate <input type="checkbox"/> Reassignment of Previously Issued Certificate (no fee - complete only Parts I and III)	

U.S. CITIZEN Yes No Applicants who are not US citizens must provide proof of legal presence and eligibility for employment. They must also file form 73-91, "Notice of Intent to Become a United States Citizen."

(Attach written explanation for yes answers.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?	Signature Required <i>I certify, under penalty of perjury, that I do not have a child support order, 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.</i> _____ <i>Signature of Applicant</i> _____ <i>Date</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	

SECTION II: REQUESTING TEACHER

I certify that

- I have attached official transcripts showing that I have completed a course in survey of exceptional children and at least one of the other areas required under 23 Ill. Adm. Code 226.810(b).
- I have attached a plan of education designed to qualify me for certification or approval as an unlimited LBS I in the three year period of validity of the requested certificate that includes supervised clinical experiences and other courses required for this approval offered by the institution in which I have enrolled.

	_____ <i>Signature of Applicant</i>
	_____ <i>Date</i>

SECTION III: FOR EMPLOYING PUBLIC SCHOOL DISTRICT, COOPERATIVE, JOINT AGREEMENT OR NONPUBLIC SPECIAL EDUCATION FACILITY

REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME, COOPERATIVE OR JOINT AGREEMENT, EMPLOYING FACILITY
ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)

As administrator of this entity, I certify that

- I have attached a description, bearing my signature, of my efforts to locate a certificated or approved individual to accept this teaching position.
- I have attached a description of the students' disabilities and the supervision to be provided to this individual, including the name and qualifications of the supervisor.
- I certify that I have been unable to secure the services of an appropriately certificated or approved educator and that any appropriately or approved individuals interviewed did not meet district criteria for hire.

Name	Signature	Title	Date
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SECTION IV: COLLEGE/UNIVERSITY VALIDATION

As certification officer of this institution, I certify that the teacher named above is enrolled in a teacher preparation program leading to approval as a Learning Behavior Specialist I and that the plan as described can be completed in the three year period allotted to this certificate. (Seal)

Name	Signature	Title	Date
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I recommend issuance of this certificate.

Region	Regional Superintendent	Signature	Date
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