Use Adobe Reader 9. Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

NOTE: **City of Chicago residents** should forward this form to 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 ONE-YEAR REINSTATEMENT

Instructions: Print or type the information requested, sign in ink, and return to your Regional Office of Education (in your phone book under local or county government or at www.isbe.net). Registration for one year is $5; however, if you hold more than one certificate, contact your Regional Office since your registration fee may be covered by the registration of other certificates you hold.

REINSTATING CERTIFICATES TO COMPLETE PROFESSIONAL DEVELOPMENT REQUIREMENTS

☐ INITIAL CERTIFICATE: I have accrued four years of teaching experience on an Initial Teaching Certificate and request a one-year reinstatement of that certificate. I understand that during this reinstatement I must complete the applicable continuing education requirement for eligibility for the Standard Teaching Certificate. I have attached letter(s) verifying my four years of teaching experience.

☐ STANDARD CERTIFICATE: I am requesting a one-year reinstatement to complete professional development requirements for registering a valid and active Standard and/or Master Teaching Certificate(s). I understand that during this reinstatement I must complete five semester hours of education-related coursework in addition to the applicable continuing education requirement that was not completed during the last validity period of my certificate(s).

☐ ADMINISTRATIVE CERTIFICATE: I am requesting a one-year reinstatement to complete professional development requirements for registering a Type 75 or 77 Administrative Certificate. I understand that during this reinstatement I must complete the continuing education requirement that was not completed during the last validity period of my certificate plus the applicable penalty (available at www.isbe.net.)

REINSTATING LAPSED CERTIFICATES

☐ I am requesting a one-year reinstatement to reinstate a certificate for which registration has not been paid for five years or more. I understand that during this reinstatement, I must complete five semester hours of education-related coursework

FOR ALL CERTIFICATE REINSTATEMENTS

☐ *I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order, and I understand that failure to so certify shall result in disciplinary action and that making a false statement may subject me to contempt of court. I further verify that the information provided below is correct.*

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle, Maiden)	BIRTHDATE

HOME ADDRESS (Street Number, City, State, Zip Code)

TELEPHONE (Home)	TELEPHONE (Work)	U.S. CITIZEN	SEX
		☐ YES ☐ NO	☐ FEMALE ☐ MALE

CERTIFICATE(S) TO BE REINSTATED

CERTIFICATE TYPE	CERTIFICATE NUMBER	ISSUE DATE	REGION ISSUED	REGISTERED UNTIL

- ROE USE ONLY -	
REGISTERED THRU	REGISTRATION FEE
CHECK NO.	MONEY ORDER NO.
RECEIPT NO.	DATE

Date _____ Signature of Applicant _____

Print Reset Form