

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

**APPLICATION FOR
 INTERIM CERTIFICATION AS SCHOOL COUNSELOR INTERN**

Directions: This certificate is valid for three years for employment as a school counselor intern and cannot be renewed. It is issued only to persons who

- are enrolled in an approved Illinois School Counselor program, and
- have completed in an approved program the requirements established by rule, OR hold a master's degree in another field of counseling and are working toward completion of requirements; and
- meet all other statutory requirements for issuance of a certificate. (See 23 Ill. Adm. Code, Section 25.225 and Section 25.227.)

Return this completed application 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 to the address above. This fee is non-refundable or non-transferable.

SOCIAL SECURITY NUMBER	PRINT NAME (Last, First, Middle, Maiden)	BIRTHDATE / /
HOME ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code) Home	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	TELEPHONE (Include Area Code) Work	BIRTHPLACE

E-MAIL	U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> 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 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.</i> _____ Signature of Applicant _____ Date
	<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?	

NAMES OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	ISBE USE ONLY
				DATE CERTIFICATE ISSUED
				CERTIFICATE NUMBER

I do hereby affirm that the information provided above and the supporting 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.

_____ Date	_____ Signature of Applicant
---------------	---------------------------------

Recommendation by Illinois institution with an approved school counseling program:

As certification officer for this institution, I certify that the individual named above is enrolled in our approved school counseling program and has complied with the requirements for the certificate listed in 23 Ill. Adm. Code, Section 25.225 and Section 25.227. This institution recommends that the Illinois State Board of Education issue the Interim School Counselor Intern Certificate.

_____ Institution	_____ Name of Authorized Official
----------------------	--------------------------------------

_____ Date	_____ Signature of Authorized Official and Seal of Institution	
---------------	---	--

As Regional Superintendent, I request that the Illinois State Board of Education issue the certificate.

_____ Region	_____ Date	_____ Signature of Regional Superintendent
-----------------	---------------	---