



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



VERIFICATION OF PROVISIONAL LICENSURE DURING COVID-19 PANDEMIC

EDUCATOR EFFECTIVENESS DIVISION

PART I - TO BE COMPLETED BY APPLICANT

An out-of-state applicant applying for an Illinois Professional Educator License using a valid out-of-state license, which was issued during the COVID-19 pandemic that impacted program requirements, shall use this form to verify completion of program requirements with specific provisions, waivers, and/or exemptions to student teaching, internships, edTPA and/or other performance assessments. Applicants without a valid out-of-state license issued during the COVID-19 pandemic that impacted program requirements, should utilize the 80-02 or 80-02S form as applicable. Applicants should provide all information requested in Part I of this form, and the college/university should complete the rest of the form as applicable. **Please request that the college/university e-mail the completed form to licensureforms@isbe.net.** Forms returned from the applicant will not be honored.

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL	
NAME OF COLLEGE/UNIVERSITY			
ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code)	

PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Please verify the state-approved program of educator preparation that the above-named educator was on track to complete that qualifies the educator for licensure comparable to the specific types listed below. The registrar, licensure officer, or other authorized official should certify the information below.

TEACHING LICENSE

- Early Childhood (Birth-Grade 3) _____
Age or Grade Level
- Elementary (K-9) _____
Grade Level
- Middle Grades (5-8) _____
Grade Level
- Secondary (6-12) _____
Teaching Fields
- Special (K-12) _____
Grade Level and/or Teaching Fields
- Grade Level and/or Teaching Field(s)
the education was prepared to teach _____

SCHOOL SUPPORT PERSONNEL LICENSE

- School Counselor School Social Worker
- School Psychologist Speech Language Pathological, Non-Teaching
- School Nurse

ADMINISTRATIVE LICENSE

- General Administrative (Principal) Chief School Business Official
- Superintendent Director of Special Education

I certify that the above-named applicant has been awarded a provisional license, rather than a full license, in this state due to his/her inability to meet full licensure requirements during school or testing center closures caused by the COVID-19 global pandemic. Furthermore, I certify that the individual's provisional license was awarded because the following full licensure requirements in the awarding state were not met:

Check all that apply:

- Student Teaching / Internship Requirement Content test (Please specify) _____
- Teacher Performance Assessment (Ex.-edTPA, PPAT) Other (Please specify) _____

NAME OF COLLEGE/UNIVERSITY	AWARDING STATE	TELEPHONE
NAME AND TITLE OF AUTHORIZED OFFICIAL	EMAIL	

Date

Original Signature of Authorized Official