



# Illinois State Board of Education

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



## APPLICATION FOR VISITING INTERNATIONAL EDUCATOR ENDORSEMENT

### EDUCATOR EFFECTIVENESS DEPARTMENT

**IMPORTANT:** To be evaluated for this endorsement, you must also apply online and pay the applicable fee through your Educator Licensure Information System (ELIS) account. You can access your ELIS account at <https://www.isbe.net/elis>. **Directions:** After the applicant completes Section I, please send this form to the hiring school district or entity to complete Section II. The completed form and the required documentation must be uploaded to ELIS by the ROE/ISC or emailed to us from the CPS human resources office at [licensureforms@isbe.net](mailto:licensureforms@isbe.net). Forms submitted by the educator will not be honored. The Educator License with Stipulations for Visiting International Teacher is valid for 5 fiscal years and is non-renewable.

#### PART I – APPLICANT INFORMATION

PRINT NAME (Last, First, Middle, Maiden)	IEIN	HOME TELEPHONE (Include Area Code)	EMAIL
HOME ADDRESS (Street, City, State, Zip Code)	BIRTHDATE (mm/dd/yyyy)	WORK TELEPHONE (Include Area Code)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female

EDUCATION:	INSTITUTION NAME	DATES ATTENDED		CITY/STATE (PROVINCE)/COUNTRY	DEGREE/DIPLOMA	LANGUAGE OF INSTRUCTION	DATE
		Month/Year TO	Month/Year				
University							

I do hereby certify that all the information above is true, accurate and complete.

\_\_\_\_\_ Date

\_\_\_\_\_ Original Signature of Applicant

#### PART II – TO BE COMPLETED BY DISTRICT SUPERINTENDENT

Intended Position (include content area and grade- e.g. elementary education grade 4; math grades 9 and 10) \_\_\_\_\_

This District has entered into an agreement with the State Board of Education to test candidates for the Visiting International Educator Endorsement in the English language, to assess their educational programs, to review their backgrounds for criminal convictions and to determine degree equivalence.

As district superintendent, I do hereby certify:

- The individual named above has passed one of the following:
  - Option 1: Test of English as a Foreign Language (TOEFL) iBT
    - We will accept TOEFL iBT and TOEFL iBT Home Edition test results.
    - The applicant must obtain the following minimum test scores in each section as identified below:
      - ▶ 18 – Reading
      - ▶ 17 – Writing
      - ▶ 17 – Listening
      - ▶ 20 – Speaking
  - Option 2: Common European Framework of Reference (CEFR)
    - ▶ Cambridge English level-based exam
      - ▶ Level of proficiency of B2 or higher required. (Level of proficiency of B1 will be accepted through Oct.31, 2021.)
- I have enclosed the district's evaluation methods and conclusions concerning each of the following: the individual's degree equivalence, the grade level of teaching for which the individual has prepared, the individual's major and the subject matter competency examinations associated with the major, and the national means of recording criminal convictions used in the individual's country.
- The district has followed the procedures used for determining the individual's criminal history, and nothing in the record would disqualify the individual under Sec. 10-21.9c of the School Code of Illinois.
- I have enclosed an original foreign credentials evaluation from one of the approved evaluation sources to verify our conclusions about the applicant's education.

SCHOOL DISTRICT NAME AND NUMBER
REGION, COUNTY, DISTRICT, TYPE CODE
DISTRICT SUPERINTENDENT NAME
_____ Date
_____ Original Signature of District Superintendent