



Illinois State Board of Education

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



APPLICATION FOR VISITING INTERNATIONAL EDUCATOR ENDORSEMENT

EDUCATOR EFFECTIVENESS DIVISION

Note: City of Chicago Residents should forward this form to the Educator Effectiveness Division, Illinois State Board of Education, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

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://sec3.isbe.net/IWASNET/login.aspx>.

Directions: Please print or type the information requested, and sign in ink. Return this completed form to your Regional Office of Education along with all supporting documentation. (Contact information is in your telephone book under local or county government, or at <https://www.isbe.net/Documents/roedirectory.pdf>). Chicago residents should mail this form and support documents to the address above.

The applicant must complete all portions of Part I. The district must complete all portions of Part II. Attach all documentation requested. The Visiting Internal Educator Endorsement is valid for three years and is non-renewable.

PART I – APPLICANT INFORMATION

PRINT NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER OR IEIN	HOME TELEPHONE (Include Area Code)	E-MAIL
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							

LICENSES:

- Early Childhood Secondary Subject _____
 Elementary Special Subject _____
 I wish to have a bilingual endorsement in Language _____
 I wish to obtain an endorsement in the language of instruction used at my 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

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 and has achieved a passing score of grade level 10.7 or better on the Nelson Denny test in English and has achieved an oral proficiency level in an English oral proficiency interview of at least 2+ on the rating rubric of ACTFL. Evaluations are enclosed.
- 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

TO BE COMPLETED BY REGIONAL SUPERINTENDENT

I recommend issuance upon determination that all requirements of the Visiting International Educator Endorsement have been fulfilled.

_____ Date

_____ Original Signature of Regional Superintendent

_____ ROE