



Illinois State Board of Education

100 North First Street, Springfield, Illinois 62777-0001

Request for Priority Review of Licensure Application

EDUCATOR EFFECTIVENESS DIVISION

APPLICANT INFORMATION			EMPLOYMENT INFORMATION			
NAME		IEIN	DISTRICT NAME AND NUMBER			
TYPE OF CREDENTIAL:			POSITION TITLE			
<input type="checkbox"/> PEL <input type="checkbox"/> Provisional <input type="checkbox"/> SUB <input type="checkbox"/> Para <input type="checkbox"/> Endorsement <input type="checkbox"/> Other <input type="checkbox"/> Reinstatement			START DATE OF EMPLOYMENT			
PEL	PROVISIONAL	SUB	PARA	ENDORSEMENT	OTHER	REINSTATEMENT
<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS
<input type="checkbox"/> Official transcript with bachelor's degree or higher awarded	<input type="checkbox"/> Official transcript with bachelor's degree or higher awarded + 15 hours in content area (foreign credential evaluation, if applicable)	<input type="checkbox"/> Official transcript with bachelor's degree or higher awarded	<input type="checkbox"/> High school diploma AND <input type="checkbox"/> Official score report of 460 or higher from ETS on the ParaPro Test or Work Keys score of reading (4), writing (3), and math (4). OR Associates degree from a regionally accredited institution of higher education OR has completed at least 60 semester hours of credit from a regionally accredited institution of higher education (excluding remedial coursework).	<input type="checkbox"/> Official transcript with appropriate coursework	<input type="checkbox"/> Applicable documents on file	<input type="checkbox"/> Official transcript with appropriate coursework
<input type="checkbox"/> State Approved Program and Completion of Standards verification (80-02)				<input type="checkbox"/> Passing score on the applicable content test	<input type="checkbox"/> Area of Application: _____	
<input type="checkbox"/> Test of Basic Skills: TAP or ACT + writing or SAT + writing						
<input type="checkbox"/> Applicable Content Test						
<input type="checkbox"/> APT/edTPA	<input type="checkbox"/> Valid Out-of-State certificate/license					

Requests submitted without verification of required applicant documentation will not be considered as a RUSH request.

Original Signature of Regional Superintendent/CPS Human Resources Official: _____ Date: _____

Telephone (Include Area Code): _____ E-Mail: _____