



EDUCATION EFFECTIVENESS DEPARTMENT

Instructions:

1. You must apply [online](#) for this credential and pay the applicable fees through your Educator Licensure Information System (ELIS).
2. For the Provisional Career and Technical Educator License (ELS-CTEP), please be sure to collect required signatures in Part II. Those applying for the Career and Technical Educator License (ELS-CTE) may skip Part II.
3. List previous employment history in Part III of this form. The signature of your supervisor at your previous employer is required. If the supervisor's signature cannot be acquired, the form must be signed and stamped by a notary public.
4. The EFE may use Part IV to further elaborate on how the work experience is relevant to the position the educator will hold and the instructional program/CIP sought for licensure. EFE review of work experience is optional and recommended in cases where work experience may not be directly aligned to the instructional program or CIP sought. See [EFE directory](#).
5. You may submit the completed form and the required supporting documentation to your Regional Office of Education. See [contact information](#).

PART I – TO BE COMPLETED BY APPLICANT

APPLICANT NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE	
ADDRESS (Street, City, State, ZIP Code)	EMAIL		
	HOME PHONE (Include Area Code)	WORK PHONE (Include Area Code)	

PART II – TO BE COMPLETED BY THE HIRING SCHOOL DISTRICT. (City of Chicago Human Resources Department or Talent Office of Chicago Public Schools should fill it out for applicants in Chicago.) This applies to ELS-CTEP ONLY.

DISTRICT NAME AND NUMBER OF EMPLOYING SCHOOL DISTRICT (If you are currently not employed by a school district, this may remain blank.)

The school district must complete the following information for an applicant seeking an Educator License with Stipulations for Provisional Career and Technical Educator:

I certify that this endorsement request is made at the direction of the Board of Education and is a matter of record in the official minutes of the board. Signatures of the superintendent or the board secretary of the employing district are required for the Provisional Career and Technical Educator Endorsement. I further certify that no qualified teacher holding a Professional Educator License or an Educator License with Stipulations with a Career and Technical Educator Endorsement is available and that actual circumstances require such issuance. (Article 21B-20 Illinois School Code)

Yes No

I assure that the district is unable to find a qualified individual holding a Professional Educator License or an Educator License with Stipulations endorsed for Career and Technical Educator in the skill area of instruction, and that current circumstances require the employment of an individual provisionally licensed in the skill area of instruction.

Date

Digital or Original Signature of Superintendent or Board Secretary of Employing District

Date

Digital or Original Signature of Regional Office of Education Superintendent

PART III – TO BE COMPLETED BY THE APPLICANT AND SIGNED BY THE EMPLOYER OR NOTARY PUBLIC

POSITION TITLE	EMPLOYER	EMPLOYER'S PHONE NUMBER
EMPLOYER'S MAILING ADDRESS (Street, City, State, ZIP Code)	IMMEDIATE SUPERVISOR'S NAME	
	IMMEDIATE SUPERVISOR'S TITLE	
NUMBER OF HOURS WORKED PER YEAR	STARTING DATE	LEAVING DATE

PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PROGRAM OR CIP

TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU
 (Be specific: List equipment operated, skilled work or services performed, and supervisory experience [number of employees supervised]).

Skills/Responsibilities	Hours Performed

I do hereby certify that the information provided on this form is true, accurate, and complete, and that I was the immediate supervisor of the applicant during the above employment experience.

_____ *Date*

_____ *Digital or Original Signature of Supervisor*

INSTRUCTIONS: If the supervisor is no longer available, please have this section reviewed and signed by a notary public.

_____ *Date*

Notary Stamp

_____ *Printed Name of Notary Public*

_____ *Original Signature of Notary Public*

By having a supervisor or notary public sign this form, you are attesting that the work experience above is true, accurate, and complete.

_____ *Date*

_____ *Applicant Name*

_____ *Digital or Original Signature of Applicant*

If additional space is needed, you may attach a separate sheet on company letterhead or signed by a notary public following the same format.

PART III – TO BE COMPLETED BY THE APPLICANT AND SIGNED BY THE EMPLOYER OR NOTARY PUBLIC (continued)

POSITION TITLE	EMPLOYER	EMPLOYER'S PHONE NUMBER
EMPLOYER'S MAILING ADDRESS (Street, City, State, ZIP Code)	IMMEDIATE SUPERVISOR'S NAME	
	IMMEDIATE SUPERVISOR'S TITLE	
NUMBER OF HOURS WORKED PER YEAR	STARTING DATE	LEAVING DATE

PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PROGRAM OR CIP

TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU

(Be specific: List equipment operated, skilled work or services performed, and supervisory experience [number of employees supervised]).

Skills/Responsibilities	Hours Performed

I do hereby certify that the information provided on this form is true, accurate, and complete, and that I was the immediate supervisor of the applicant during the above employment experience.

_____ *Date*

_____ *Digital or Original Signature of Supervisor*

INSTRUCTIONS: If the supervisor is no longer available, please have this section reviewed and signed by a notary public.

_____ *Date*

Notary Stamp

_____ *Printed Name of Notary Public*

_____ *Original Signature of Notary Public*

By having a supervisor or notary public sign this form, you are attesting that the work experience above is true, accurate, and complete.

_____ *Date*

_____ *Applicant Name*

_____ *Digital or Original Signature of Applicant*

If additional space is needed, you may attach a separate sheet on company letterhead or signed by a notary public following the same format.

PART III – TO BE COMPLETED BY THE APPLICANT AND SIGNED BY THE EMPLOYER OR NOTARY PUBLIC (continued)

POSITION TITLE	EMPLOYER	EMPLOYER'S PHONE NUMBER
EMPLOYER'S MAILING ADDRESS (Street, City, State, ZIP Code)	IMMEDIATE SUPERVISOR'S NAME	
	IMMEDIATE SUPERVISOR'S TITLE	
NUMBER OF HOURS WORKED PER YEAR	STARTING DATE	LEAVING DATE

PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PROGRAM OR CIP

TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU
 (Be specific: List equipment operated, skilled work or services performed, and supervisory experience [number of employees supervised]).

Skills/Responsibilities	Hours Performed

I do hereby certify that the information provided on this form is true, accurate, and complete, and that I was the immediate supervisor of the applicant during the above employment experience.

_____ *Date*

_____ *Digital or Original Signature of Supervisor*

INSTRUCTIONS: If the supervisor is no longer available, please have this section reviewed and signed by a notary public.

_____ *Date*

Notary Stamp

_____ *Printed Name of Notary Public*

_____ *Original Signature of Notary Public*

By having a supervisor or notary public sign this form, you are attesting that the work experience above is true, accurate, and complete.

_____ *Date*

_____ *Applicant Name*

_____ *Digital or Original Signature of Applicant*

If additional space is needed, you may attach a separate sheet on company letterhead or signed by a notary public following the same format.

PART IV – TO BE COMPLETED BY THE ILLINOIS EDUCATION FOR EMPLOYMENT (EFE) DIRECTOR (Optional)

Recommendation: Please review the applicant's work experience listed in Part III and provide any additional commentary regarding the experiences applicable to the CIP Code sought.

[Empty box for recommendation text]

_____ *Date*

_____ *Digital or Original Signature of Education for Employment Director*