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LICENSURE APPLICATION FOR HURRICANE MARIA VICTIMS

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

Directions: Please complete this application and mail it to the Illinois State Board of Education or email to licensure@isbe.net.

EDUCATOR LICENSURE DIVISION

IMPORTANT: This application is for educators that were directly impacted by Hurricane Maria. You must have created an account on the Educator Licensure Information System (ELIS). You can access ELIS here: https://www.isbe.net/Pages/Educator-Licensure-Information-System.aspx

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PRINT N	NAME (Last, F	First, Middle, Maiden)		IEIN		BIR	THDATE (mm/dd/yyyy)		
HOME ADDRESS (Street, City, State, Zip Code)					SEX Male	Female	E-M	IAIL	
					TELEPHONE (I	Include Area Code) Home	TEL	EPHONE (Include Area Code) Cell	
□Yes	Yes No Have you ever had a license or certificate (teaching, administrative, school support, etc.) formally denied, suspended or revoked in Illinois or any other								
□Yes	□No	Have you ever been convicted of a felony in Illinois or any other state, or are you subject to pending criminal charges for a felony in Illinois or any other state?(If unsure, you may seek legal counsel or contact ISBE for further information. Failure to accurately disclose this information may result in applic denial or licensure sanction.)							
□Yes	□No	Have you ever been convicted of any sex, narcotic, or drug offense in Illinois or any other state, or are you subject to pending criminal charges for any narcotic, or drug offense (whether felony or misdemeanor) in Illinois or any other state? (If unsure, you may seek legal counsel or contact ISBE for fur information. Failure to accurately disclose this information may result in application denial or licensure sanction.)							
□Yes	□No	Have you failed to (a) file an Illinois tax return, (b) pay the interest, penalty, or tax shown on an Illinois filed return, or (c) pay any final assessment of interest, penalty, or tax as reby law and administered by the Illinois Department of Revenue, which was not subsequently resolved to the Department's satisfaction?							
∐Yes	□No	Have you ever been indicated as a perpetrator of child abuse or neglect by a state agency responsible for child welfare? (note: You must answer "YES" to this question even if the report was removed from the State Central register due to expiration to the retention period, but you may answer "NO" to the question if the finding was reversed on appeal.)							
□Yes	□No	Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?							
□Yes	□No	Are you currently more than 30 days delinquent in complying with a child support order?							
□Yes	□No	I certify, under penalty of perjury, that I am a resident of an area that was impacted by Hurricane Maria.							
□Yes	□No	Check if applicable: I am unable Board of Education as soon as the			or licensure at this tin	ne. I understand I must su	bmit offic	ial documents to the Illinois State	
Name	s) of Colle	ges and Universities Attende	ed	State	Degree			Date	
		THIS AP	PLICA	TION MAY BE U	SED TO REQUE	ST ONLY ONE LIC	ENSE.		
□ Substitute				□ Paraprofessional		□ Tr	☐ Transitional Bilingual		
		ELS(PE	DU)-P	rovisional One-	ear License (c	hoose an area belo	w)		
☐ Early Childhood					•		-	aalar	
(Birth – Grade 3) Age/Grade Level Elementary				Superintendent	_	□School Counselor □School Psychologist			
(K-9) Grade Level			_	•		☐School Psychologist			
(5-8) Grade Level							eech Language Pathologist		
☐ Secondary			ш	_ ,			on-Teaching)		
(6-12) Teaching Fields Special Teaching Fields				· ·				l Social Worker	
(K-12) Grade Level/Teaching Field(s)							oi Socia		
☐ Othe		e Level/Teaching Field(s)							
I do her	eby affirm tha	at the information provided above	and the	credentials, including	transcripts and othe	r supporting documents,	are true,	correct and complete.	
		knowingly alter or misrepresent thusly held licenses.	eir qualif	ications in order to obt	ain a license shall be	denied its issuance and m	ay be sul	oject to the suspension or	
Original Signature of Applicant									
		Original Signature of A	Applicar	nt .			Date	e	