ILLINOIS STATE BOARD OF EDUCATION

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

77-41B

COMPLETION OF OUT-OF-STATE LICENSURE TESTING

EDUCATOR EFFECTIVENESS DEPARTMENT

This form should be used by educators who are applying for the Professional Educator License (PEL) and meet the following requirements:

1) Hold a valid, comparable out-of-state license, and
2) Have successfully completed a test of content at the time of initial licensure in the state that awarded their license

Pursuant to 105 ILCS 5/21B-35, an applicant who has successfully completed a test of content, as defined by rules, at the time of initial licensure in another state is not required to complete a test of content knowledge under Section 21B-30 of the School Code. This form shall be used by state licensing agencies to verify completion of content tests used for initial licensure in other states.

Instructions: The applicant should complete the information in Part I and forward the form to the state department of education of the state where the test was completed.

PART I – TO BE COMPLETED BY APPLICANT

APPLICANT NAME (Last, First, Middle, Maiden) (Print or Type)	IEIN	BIRTHDAY
HOME ADDRESS (Street, City, State, ZIP Code)	EMAIL	
	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)

Please send a copy of your test scores to licensureforms@isbe.net.

PART II – TO BE COMPLETED ONLY BY STATE LICENSURE AUTHORITY

Instructions: Please complete this portion and email the completed form to the Illinois State Board of Education at licensureforms@isbe.net. An authorized signature is required. Forms returned to the applicant will not be honored.

NAME OF AGENCY	
NAME OF AUTHORIZED OFFICIAL	TITLE OF AUTHORIZED OFFICIAL
EMAIL	PHONE (Include Area Code)

Subject Areas (i.e. elementary, math, etc.)	Grades Range	Name of Content Test Required for initial licensure in your state	Did this educator pass this test to earn initial licensure in your state?	Date test was passed
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	

Subject Areas (i.e. elementary, math, etc.)	Grades Range	Name of Content Test Required for initial licensure in your state	Did this educator pass this test to earn initial licensure in your state?	Date test was passed
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	

PART III – ASSURANCES

☐ YES ☐ NO *I certify that the information provided is true and correct.*

Digital or Original *Signature of Authorized Official*	*Title*	*Date*

ADDITIONAL COMMENTS:

Print Reset Form