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 education agencies (overseeing state educator licensure) or institutions of higher education with approved preparation programs to verify completion of content tests used for initial licensure in other states. Institutions of higher education shall only complete this form if the named applicant was prepared as an educator at their institution and if they are able to verify that the educator passed content area tests and received initial licensure in their state.

Instructions: The applicant should complete the information in Part I and forward the form to the state education agency or institution of higher education of the state where the test was completed as part of a state-approved program leading to initial licensure in that state.

PART I – TO BE COMPLETED BY APPLICANT

APPLICANT NAME (Last, First, Middle, Maiden) (Print or Type)	IEIN	DATE OF BIRTH
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 EDUCATION AGENCY OR INSTITUTION OF HIGHER EDUCATION

Instructions: Please specify if the above-named applicant was issued initial licensure in your state. Include the type of license, endorsements issued, and content tests taken at the time of initial licensure. 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 OR INSTITUTION OF HIGHER EDUCATION	
NAME OF AUTHORIZED OFFICIAL	TITLE OF AUTHORIZED OFFICIAL
EMAIL	PHONE *(Include Area Code)*
INITIAL LICENSE ISSUED *(e.g. Professional Education License)*	DATE INITIAL LICENSURE ISSUED *(e.g. 8/1/2025)*
ENDORSEMENTS AND GRADE RANGES INCLUDED ON LICENSE AT THE TIME OF ISSUANCE *(e.g. English Language Arts: Grades 9-12)*	

Subject Areas (i.e. elementary, speech-language pathologist, principal, etc.)	Grade Range	Name of Content Test	Did this educator pass this test to earn initial licensure in your state?	Date test was passed
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	

PART III – ASSURANCES

☐ YES ☐ NO *By signing below, I certify that all information on this form is true and accurate. Furthermore, I certify that the above-named applicant completed the tests listed in PART II of this form at the time of initial licensure in this state.*

☐ YES ☐ NO *By signing below, I certify that I am either (1) an authorized official of the state department of education in the state where the above-named applicant earned initial licensure, or (2) an authorized official of the institution of higher education where the above-named applicant enrolled and completed state requirements leading to initial licensure in the state.*

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

ADDITIONAL COMMENTS:

Print Reset Form