



**OUT-OF-STATE TEST OF BASIC SKILLS VERIFICATION:
 DEPARTMENT/BOARD OF EDUCATION USE ONLY**

Instructions: An applicant applying for an Illinois license who has completed a test of basic skills leading to licensure in another state should use this form if licensure was obtained in a state other than the state where the educator preparation program was completed. (e.g., Educator completed preparation program at an Iowa institution, does not obtain Iowa licensure, but has obtained licensure in Missouri – **USE THIS FORM**). An applicant who has completed a test of basic skills leading to licensure in the same state as the completed preparation program should instead complete **ISBE Form 80-02: State-Approved Program and Completion of Standards Verification (7/15)**. (e.g., Educator completed program in Iowa and obtains Iowa licensure uses **ISBE Form 80-02**).

PART I – TO BE COMPLETED BY THE EDUCATOR

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN (Listed in ELIS)	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL
NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)	

PART II – TO BE COMPLETED BY STATE LICENSURE/CERTIFICATION ENTITY

TEST OF BASIC SKILLS VERIFICATION: Please verify that the above-named applicant has successfully completed a test of basic skills at the time of initial licensure in your state. Successful completion of the test must have resulted in licensure in your state. Sign, date, and affix the department's official seal to the form and e-mail it to the Educator Effectiveness Division at licensureforms@isbe.net. Forms returned to the applicant will not be honored.

Yes, this individual has passed a test of basic skills that resulted in initial licensure in this state.
 Name of the test: (e.g., Praxis I): _____
 Date test was passed: _____

No, this individual has not passed a test of basic skills for initial licensure in this state.

NAME OF LICENSURE/CERTIFICATION ENTITY	TELEPHONE (Include Area Code)
NAME OF AUTHORIZED OFFICIAL	FAX (Include Area Code)
TITLE	E-MAIL

_____ Date

_____ Original Signature of Authorized Official