



# Illinois State Board of Education

100 North First Street, S-306  
Springfield, Illinois 62777-0001



## Confirmation of Out-of-State Licensure Testing

### EDUCATOR EFFECTIVENESS DIVISION

**Important:** Illinois will accept content area tests and basic skills tests completed in other states if the tests are required for issuance of a comparable license in that state. The applicant must hold a valid, comparable, out-of-state license.

**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 (mm/dd/yyyy)
HOME ADDRESS (Street, City, State, Zip Code)	E-MAIL	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)

#### 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](mailto:licensureforms@isbe.net). An authorized signature is required. Forms returned to the applicant will not be honored.

I have reviewed the information above and certify that the person named in Part I passed the following test(s):

- BASIC SKILLS** - a uniform test required by the state of \_\_\_\_\_ for issuance of a license. The Illinois Basic Skills Test is designed to assess knowledge of fundamental skills in reading, mathematics, writing, and language arts.

Test Name (Example-Praxis Core): \_\_\_\_\_ Date Passed: \_\_\_\_\_

- CONTENT AREA TEST(S)** – required by the state of \_\_\_\_\_ for issuance of a license. ***Below, please check all content area tests successfully completed by the applicant for licensure purposes.***

AREA	TEST NAME	DATE PASSED
<input type="checkbox"/> Early Childhood		
<input type="checkbox"/> Middle Grade		
<input type="checkbox"/> Elementary		
<input type="checkbox"/> Secondary (Indicate specific content test i.e. English Language Arts; Mathematics; etc.)		
<input type="checkbox"/> K-12 Speciality (Specific area, i.e. Art; Music; PE; Library Information Specialist; etc.)		
<input type="checkbox"/> Special Education (Specify area(s), i.e. Cross Categorical Special Education, Deaf and Hard of Hearing, Blind or Visually Impaired; etc.)		
<input type="checkbox"/> School Support Personnel (Specify area(s), i.e. School Social Worker; Speech Language Pathologist; etc.)		
<input type="checkbox"/> Administrative (Specify area(s), i.e. Principal; Superintendent; etc.)		

\_\_\_\_\_ Date

\_\_\_\_\_ Original Signature of Authorized Official

NAME OF AGENCY

NAME AND TITLE OF AUTHORIZED OFFICIAL (Print or Type)	E-MAIL
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