



# Illinois State Board of Education

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



## Confirmation of Out-of-State Licensure Testing

### EDUCATOR EFFECTIVENESS DEPARTMENT

**Important:** Illinois will accept content area tests completed in other states if the tests are required for issuance of a comparable license in that state.

**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	
	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):

- 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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