



Illinois State Board of Education

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



REQUEST TO RENEW EDUCATOR LICENSE WITH STIPULATIONS - PROVISIONAL EDUCATOR

EDUCATOR LICENSURE DIVISION

Instructions: The educator license with stipulations endorsed for provisional educator (ELS-PEDU) can be renewed for a two-year period if an educator has completed the appropriate content test and a test of basic skills and has not held a position in a public school or non-public school recognized by the Illinois State Board of Education. **This form cannot be submitted prior to February 15 of the year your ELS-PEDU will expire; however, it must be received by ISBE prior to the expiration of the ELS-PEDU. Otherwise, the license will expire and cannot be renewed.**

***This form is only for use by individuals who received the educator license with stipulations-provisional educator on or after July 1, 2015.**

PART I – TO BE COMPLETED BY THE EDUCATOR

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL
NAME OF REGIONAL OFFICE OF EDUCATION	TELEPHONE (Include Area Code)	
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)	

I understand that upon issuance of my renewed ELS-PEDU, I must register the license for an additional two years (\$20) in my ELIS account in order for it to be valid for employment. I also understand that to receive the professional educator license, I must submit a new application and meet any licensure requirements in place at the time of the new application.

_____ Date

_____ Original Signature of Educator

PART II – TO BE COMPLETED BY THE EDUCATOR

I certify, under penalty of perjury, that I have not taught in an Illinois recognized nonpublic school while holding the educator license with stipulations endorsed for provisional educator. I understand that failure to disclose teaching experience on this license may result in disciplinary action and may subject me to contempt of court.

_____ Date

_____ Original Signature of Educator

*If you are unsure if you have taught in a recognized nonpublic school, speak to your building administrator before signing this form, or visit <http://www.isbe.net/nonpublic/>.

PART III – TO BE COMPLETED BY THE REGIONAL OFFICE OF EDUCATION

Please complete the following assurance and e-mail this form to licensureforms@isbe.net.

I certify that the above-named individual, _____, has not been employed as a full-time educator in an Illinois public school on the educator license with stipulations endorsed for provisional educator.

NAME OF REGIONAL OFFICE OF EDUCATION	TELEPHONE (Include Area Code)
NAME OF REGIONAL SUPERINTENDENT	E-MAIL

_____ Date

_____ Original Signature of Regional Superintendent