



# 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 EFFECTIVENESS DEPARTMENT

**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](mailto: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