



# Illinois State Board of Education

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



## ILLINOIS INSTITUTION OF HIGHER EDUCATION APPROVED PROGRAM VERIFICATION

### EDUCATOR EFFECTIVENESS DEPARTMENT

Applicants who completed an educator preparation program at an Illinois institution should work directly with their institution to be entitled; however, if entitlement is no longer available (ie – the program no longer exists), an applicant applying for an Illinois license can use this form to verify all program requirements have been met. This form is for teaching, school support, and administrative program verification. Illinois candidates should complete the Applicant section and the Illinois institutions will complete the rest of the form. The form should then be uploaded directly onto the applicant's ELIS account by a representative of the Illinois institution. Forms submitted by the applicant directly will not be honored.

APPLICANT INFORMATION		
APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
PHONE (Include Area Code)	EMAIL	

INSTITUTION OF HIGHER EDUCATION INFORMATION	
NAME OF INSTITUTION	NAME/TITLE AUTHORIZED OFFICIAL
CONTACT PHONE (Include Area Code)	EMAIL

PROGRAM INFORMATION (Only to be completed if the program is no longer active)	
PROGRAM NAME	PROGRAM GRADE LEVEL
PROGRAM ENROLLED (START) DATE	PROGRAM COMPLETED DATE
SUBSEQUENT ENDORSEMENT(S) /GRADE LEVEL(S)	

### PROGRAM REQUIREMENTS (Verify completion of the following program requirements)

YES	NO	PROGRAM REQUIREMENTS	COURSE/TEST NUMBER	ELIS POST DATE/COMPLETED DATE
<input type="checkbox"/>	<input type="checkbox"/>	Reading Methods/Content Coursework	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Cross Categorical Special Education Coursework	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Instructional Strategies for English Learners	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Content Test(s) in ELIS	Test Number: _____	Post Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Internship/Clinical Hours Completed (as applicable)	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Student Teaching on an Official Transcript (as applicable)	Course Number: _____	Completed Date: _____

### SIGNATURE AND ACKNOWLEDGMENT

**I ACKNOWLEDGE THAT ALL COURSEWORK WAS ACHIEVED AT A GRADE C- OR BETTER (OR EQUIVALENT)**  
By signing this form, I certify the information provided is true and correct.

\_\_\_\_\_  
*Digital or Original Signature* of Authorized Official

\_\_\_\_\_  
Date