



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 DIVISION

An applicant applying for an Illinois license who completed a program at an Illinois institution shall use this form when the program requirements have changed or the program is no longer active at the institution; therefore, entitlement is no longer available. This form is for teaching, school support and administrative program verification.

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	
PROGRAM NAME	PROGRAM GRADE LEVEL
PROGRAM ENROLLED (START) DATE	PROGRAM COMPLETED DATE
SUBSEQUENT ENDORSEMENT(S) /GRADE LEVEL(S)	
REASON(S) CANDIDATE IS NOT ELIGIBLE FOR ENTITLEMENT: (SELECT ALL THAT APPLY)	
<input type="checkbox"/> PROGRAM REQUIREMENTS HAVE CHANGED <input type="checkbox"/> PROGRAM IS NO LONGER ACTIVE <input type="checkbox"/> OTHER: (PLEASE EXPLAIN) _____	

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 Language 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"/>	edTPA (or APT) 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.

Signature of Authorized Official Date