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DUAL CREDIT: MATH - STATISTICS VERIFICATION FORM

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

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I of IV – TO BE COMPLETED BY APPLICANT

This form should only be completed by individuals seeking a dual credit endorsement in **Math - Statistics.** Individuals seeking another content area should complete the form applicable to the specific content area.

A Dual Credit Endorsement, as designated in 110 ILCS 27/Dual Credit Quality Act, is an endorsement valid for grades 11-12 to be placed on the Professional Educator License (PEL) at the request of an instructor who meets the appropriate credential standards. An applicant applying for a Dual Credit Endorsement who has completed a Qualified Master's degree (QMD) or content specific coursework in graduate disciplines outside the QMD shall use this form to verify completion of the Dual Credit Endorsement requirement.

To qualify for a dual credit endorsement, an applicant must apply for the applicable endorsement in his/her Educator Licensure Information System (ELIS) account and complete the top portion of this form. The applicant should provide all information requested in Part I of this form, and forward to the hiring institution of higher education to complete parts II and III of the form. Please request that the college/university mail or email the completed form to your Regional Office of Education (ROE) or Intermediate Service Center (ISC.) Forms submitted to the Regional Office of Education by the applicant will not be honored. Find your local ROE or ISC here. Upon receipt, ROEs/ISCs will complete part IV and upload this form to the applicant's ELIS account.

Applicant's Name (Last, First, Middle, Maiden)		IEIN		Birthdate (mm/dd/yyyy)	
Address (Street, City, State, Zip Code)	Tele	phone (Include Area Co	ode)	E-Mail	
Name of Regional Office of Education		Address (Street, City, State, Zip Code)			
ROE E-Mail		Telephone (Include Area Code)			
PART II of IV – TO BE COMPLET	TEN BY THE HI	RING INSTITUTIO	N OE UI	SHED EDITORION	
DIRECTIONS: Please complete the information					
Part III to verify completion of Dual Credit		•			
Education listed by the applicant in Part I.	•				
Name of College/University	Telephone (Include Area Code)		Date of I	Email Received	
Name of Chief Academic Officer or Provost		Title			

PART III of IV – TO BE COMPLETED BY THE HIRING INSTITUTION OF HIGHER EDUCATION

In order to receive the Dual Credit Endorsement, an instructor of dual credit courses shall meet the faculty credential standards allowed by the Higher Learning Commission, the Illinois Board of Higher Education (IBHE) 23 Illinois Administrative Code 1009.30(a)(2)(A) or by Illinois Community College Board (ICCB) Administrative Rule 23 Ill. Adm. Code Section 1501.303 to determine minimally qualified faculty. Colleges and universities must complete a thorough analysis of faculty transcripts in order to validate the minimum qualifications to teach prior to signing off on the endorsement area.

Dual Credit Endorsement	Qualified Master's degree	Content-Specific Graduate Coursework*	Semester Hours
Math – Statistics	☐ QMD: Mathematics ☐ QMD: Statistics	Math Education Econometrics Engineering	——————————————————————————————————————
A. When reviewing official to coursework, use the box to following information for extoward the endorsement. (1) the course prefix, (2) the course number, (3) semester hours earned, (4) name of the institution of the inst	and that awarded credit 8 semester hours. emester hours as mpleted with a grade of	te coursework must relate directly	d no more than 9 hours will
Signature of CAO or Pro	ovost		Date

Form to the educator's ELIS account upor Name of ROE/ISC	Telephone (Include Area Code)		Date of Email Received	
Name and Title of Licensure Specialist		E-Mail		
Signature of Licensure Specialist			 Date	

DIRECTIONS: Please complete the information below, date it, and affix the signature of the authorized official. Upload this

PART IV of IV – TO BE COMPLETED BY ROE/ISC