

ILLINOIS STATE BOARD OF EDUCATION
 School Business Services Division
 100 North First Street
 Springfield, Illinois 62777-0001
 217/785-8779

Calendar Year 2021 and 2022
SCHOOL BOARD TRAINING PROVIDER APPLICATION
 In Accordance with [105 ILCS 5/10-16a]

APPLICATION TYPE	
Initial: <input type="checkbox"/>	Renewal: <input type="checkbox"/>

ISBE USE ONLY
Approval Date:

Providers/applicants that offer professional developmental activities, such as training organizations, institutions, regional offices of education, firms, professional association, teachers' unions, and universities and colleges, may apply to the Illinois State Board of Education for approval of school board training activities in each of the topics specified in the School Code [105 ILCS 5/10-16a].

Instructions:
 For new applicants complete sections 1 through 6.
 For renewal applicants complete sections 1 through 8 (see instructions in section 5 for renewals).
- Submit (1) signed PDF version of the completed application to: finance1@isbe.net. If unable to submit electronic, submit a hardcopy with applicable signatures and send to the address at the top of this form.
- Additional pages are acceptable to complete this application.

Complete and submit the application to the Illinois State Board of Education for approval, certification, and re-certification between **March 2 and May 1, 2020**. Any application **received after May 1 will not be accepted**. Approval and Certification as a provider will be valid for two calendar years (i.e., January 1, 2021 through December 31, 2022).
 The State Superintendent, in consultation with the Illinois Association of School Boards, will respond to each application within 30 days of the date received with approval/disapproval.

1. PROVIDER/APPLICANT INFORMATION	
NAME OF PROVIDER/APPLICANT:	
CONTACT NAME (If different than PROVIDER/APPLICANT):	E-MAIL:
ADDRESS:	STATE:
CITY:	ZIP CODE:
TELEPHONE:	
2. IN EACH OF THE FOLLOWING AREAS DESCRIBE a) COURSE(S), DATES, AND TIMES THE COURSES WILL BE OFFERED, b) CREDIT HOURS EARNED, AND c) HOW THE COURSE WILL MEET THE REQUIREMENTS OF THE SCHOOL CODE [105 ILCS 5/10-16a]. <i>- An agenda or outline is acceptable as long it includes course description, items a) thru c) above, and explains how each course offering will meet the requirements in Section 10-16a.</i>	
<ul style="list-style-type: none"> ▪ Education and Labor: 	
<ul style="list-style-type: none"> ▪ Financial Oversight and Accountability: 	
<ul style="list-style-type: none"> ▪ Fiduciary Responsibilities of a School Board Member: 	
3. EXPLAIN THE MODE OF DELIVERY FOR THE COURSE(S) <i>(e.g., in-person instruction, distance-learning, web-based)</i>	

<p>4. PROVIDE ASSURANCE THAT EACH OF THE FOLLOWING REQUIREMENTS WILL BE MET. <i>- Check the box in this section to assure that the provider/applicant will comply with the requirements in this section. The signature of the Provider/Applicant at the bottom of this form also provides assurance that the requirements in this section will be met.</i></p>
<p><input type="checkbox"/> The Provider/Applicant will maintain and submit a summarized report to ISBE along with the renewal application for each leadership-training session: 1) attendance records, 2) a list of participants who received a certificate of completion, and 3) participant's evaluation responses.</p>
<p><input type="checkbox"/> The Provider/Applicant providing the leadership-training session will maintain attendance and evaluation records for each session conducted for a period of no less than five years.</p>
<p><input type="checkbox"/> The Provider, upon request, will supply information regarding the leadership-training schedule to the Illinois State Board of Education.</p>
<p><input type="checkbox"/> The Provider will notify the Illinois State Board of Education any time it determines that one or more presenters should be removed from the list of approved providers.</p>
<p>5. FOR EACH PRESENTER UNDER THIS PROVIDER/APPLICANT, LIST ALL QUALIFICATIONS. (Include Full Name, Educational Background, Experience, and References) For renewals only: List the presenter's full name for this provider. If presenters listed below are the same as approved in the 2018 application, copy of qualifications are not required. Check the box below if no new presenters are requesting approval for certification. <i>- At a minimum, a master's degree is required and must be related to the training areas in section 2.</i> <i>- All new presenters must submit complete qualifications.</i></p>
<p><input type="checkbox"/> There are no new presenters requesting certification for this provider.</p>
<p>6. WILL THE PRESENTERS LISTED IN THIS APPLICATION PROVIDE TRAINING FOR OTHER PROVIDERS (ANY ORGANIZATION OR AFFILIATES)? IF SO, LIST PROVIDERS AND PRESENTERS IN THE SPACE PROVIDED: <i>- Each Provider is responsible for maintaining the required records in number 4.</i> <i>- If another provider is listed below, a separate application must be completed for that organization/affiliate as a Provider/Applicant.</i> <i>- Provider/Applicant approval may be contingent upon each of their affiliate's compliance with the applicable provisions.</i> <i>- The Provider may also be responsible for maintaining attendance and evaluation records for each affiliate.</i></p>
<p><input type="checkbox"/> No Other Organization or Affiliate</p>
<p>Enter the full name of the organization/affiliate below:</p>
<p>RENEWAL APPLICATIONS ONLY</p>
<p>Instructions: Complete 7 and 8 to submit the renewal application for approval and certification to the Illinois State Board of Education in accordance with [105 ILCS 5/10-16a].</p>
<p>7. DESCRIBE ANY SIGNIFICANT CHANGES SINCE THE PRIOR INITIAL APPROVED TRAINING APPLICATION. IF NO CHANGES OCCURRED, CHECK THE BOX AND ENTER YOUR INITIALS IN THE SPACE PROVIDED BELOW.</p>
<p><input type="checkbox"/> No Changes Have Occurred From the Prior Approved Training Application _____.</p>
<p>8. PROVIDE A SUMMARY REPORT FOR THE LAST APPROVAL PERIOD THAT INCLUDES 1) ATTENDANCE RECORDS, 2) A LIST OF PARTICIPANTS WHO RECEIVED A CERTIFICATE OF COMPLETION, AND 3) PARTICIPANTS EVALUATION RESPONSES.</p>

The undersigned being the Provider/Applicant affirms that this application has been completed in accordance with provisions of the School Code [105 ILCS 5/10-16a] and 23 Illinois Administrative Code, Part 1 (Section 1.210), as applicable. The undersigned also provides assurances to comply with requirements in item #4.

Signature: _____

Title: _____

Date: _____