



APPLICATION FOR CAREER AND TECHNICAL EDUCATOR **ENDORSEMENT**

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

EDUCATION EFFECTIVENESS DEPARTMENT

Instructions:

- 1. You must apply online for this credential and pay the applicable fees through your Educator Licensure Information System (ELIS).
- 2. For the Provisional Career and Technical Educator License (ELS-CTEP), please be sure to collect required signatures in Part II. Those applying for the Career and Technical Educator License (ELS-CTE) may skip Part II.
- 3. List previous employment history in Part III of this form. The signature of your supervisor at your previous employer is required. If the supervisor's signature cannot be acquired, the form must be signed and stamped by a notary public.
- 4. The EFE may use Part IV to further elaborate on how the work experience is relevant to the position the educator will hold and the instructional program/CIP sought for licensure. EFE review of work experience is optional and recommended in cases where work experience may not be directly aligned to the instructional program or CIP sought. See <u>EFE directory</u>.

o. You may sut	omit the completed form and the require	a supporting documenta	ation to your Regional Office of Educ	cation. See contact information.		
PART I – TO	BE COMPLETED BY APPLICAN	Т				
APPLICANT I	NAME (Last, First, Middle, Maiden)		IEIN	BIRTHDATE		
ADDRESS (Street, City, State, ZIP Code)		1	EMAIL	ı		
		1	HOME PHONE (Include Area Code)	WORK PHONE (Include Area Code)		
	O BE COMPLETED BY THE HIRIN ce of Chicago Public Schools sho					
DISTRICT NA	AME AND NUMBER OF EMPLOYING S	CHOOL DISTRICT (If y	ou are currently not employed by a	school district, this may remain blank.)		
The school dis Technical Edu	strict must complete the following inform cator:	ation for an applicant se	eeking an Educator License with Sti	oulations for Provisional Career and		
Signatures of Endorsement.	is endorsement request is made at the o the superintendent or the board secreta. I further certify that no qualified teacher Educator Endorsement is available and	ry of the employing distr holding a Professional	rict are required for the Provisional (Educator License or an Educator Li	Career and Technical Educator cense with Stipulations with a Career		
Yes No	I assure that the district is unable to find a qualified individual holding a Professional Educator License or an Educator License with Stipulations endorsed for Career and Technical Educator in the skill area of instruction, and that current circumstances require the employment of an individual provisionally licensed in the skill area of instruction.					
	Date	Digital or Origin	nal Signature of Superintendent or E	Board Secretary of Employing District		
	 Date		Original Signature of Regional Office	e of Education Superintendent		

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PART III – TO BE COMPLETED BY THE APPLICANT AND	SIGNED BY TH	IE EMPLOYER OR NO	TARY PU	BLIC		
POSITION TITLE	EMPLOYE	R	EMPLOYE	ER'S PHONE NUMBER		
EMPLOYER'S MAILING ADDRESS (Street, City, State, ZIP Code)	IMMEDIAT	E SUPERVISOR'S NAME	 :			
Livil LOTER'S MAILING ADDITEGO (Street, City, State, 211 Gode)	IIVIIVIEDIAI	L 301 LIVISON 3 NAME	-			
	IMMEDIAT	E SUPERVISOR'S TITLE				
NUMBER OF HOURS WORKED PER YEAR	STARTING	DATE	LEAVING	DATE		
PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PR						
TROCKAW THEE WITH GEAGGI TOATION OF INGTROCTIONAL F	COOLOUI OIL OIL					
TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU (Be specific: List equipment operated, skilled work or services perform	ned and sunervisi	ory experience (number of	emnlovees	supervised])		
Skills/Responsibilities	nea, and supervis-	ory experience [number of		Hours Performed		
Okilia/Neapoliaibilities				Tiours i errorineu		
I do hereby certify that the information provided on this form is true,	accurate, and cor	mplete, and that I was the	immediate s	upervisor of the applicant		
during the above employment experience.						
						
Date		Digital or Original Sign	nature of Sup	pervisor		
INOTELIATIONO, If the constraint of the constrai	41.: 4:	d	4 l- 15 -			
INSTRUCTIONS: If the supervisor is no longer available, please ha	ve this section rev	viewed and signed by a no	tary public.			
Date		Notary	Stamp			
Date						
Printed Name of Notary Public		Original Signatur	e of Notary	Public		
By having a supervisor or notary public sign this form, you are attesting that the work experience above is true, accurate, and complete.						
Date Applicant	Name	Digital or O	riginal Sign	ature of Applicant		
If additional enace is peeded, you may attach a separate shoot on	company lottorha	and or signed by a notary	aublic falle:	ving the same formst		

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PART III – TO BE COMPLETED BY THE APPLICANT AND	SIGNED BY THE EMPLOYER	COR NOTARY PUBLIC (continued)					
POSITION TITLE	EMPLOYER	EMPLOYER'S PHONE NUMBER					
EMPLOYER'S MAILING ADDRESS (Street, City, State, ZIP Code)	IMMEDIATE SUPERVISOR	'S NAME					
	IMMEDIATE SUPERVISOR	R'S TITLE					
NUMBER OF HOURS WORKED PER YEAR	STARTING DATE	LEAVING DATE					
PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PI	ROGRAM OR CIP						
TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU (Be specific: List equipment operated, skilled work or services perform		number of employees supervised]).					
Skills/Responsibilities		Hours Performed					
I do hereby certify that the information provided on this form is true, during the above employment experience.	, accurate, and complete, and that	I was the immediate supervisor of the applicant					
Date	Digital or Ori	ginal Signature of Supervisor					
INSTRUCTIONS: If the supervisor is no longer available, please have this section reviewed and signed by a notary public.							
		Notary Stamp					
Printed Name of Notary Public	Origina	I Signature of Notary Public					
By having a supervisor or notary public sign this form, you are attesting that the work experience above is true, accurate, and complete.							
Date Applicant	f Name Di	gital or Original Signature of Applicant					
If additional space is needed, you may attach a separate sheet or	n company letterhead or signed by	a notary public following the same format.					

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PART III – TO BE COMPLETED BY THE APPLICANT AND S	SIGNED BY THE E	EMPLOYER OR NO	TARY PUBLIC (continued)				
POSITION TITLE	EMPLOYER		EMPLOYER'S PHONE NUMBER				
EMPLOYER'S MAILING ADDRESS (Street, City, State, ZIP Code)	IMMEDIATES	UPERVISOR'S NAME	-				
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	IMMEDIATE S	UPERVISOR'S TITLE					
NUMBER OF HOURS WORKED PER YEAR	STARTING DA	TE	LEAVING DATE				
PROGRAM TITLE WITH CLASSIFICATION OF INSTRUCTIONAL PR	COGRAM OR CIP						
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TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU (Be specific: List equipment operated, skilled work or services perform	ned and supervisory (experience (number of	f employees supervised)				
Skills/Responsibilities	cu, and supervisory	experience (number of	Hours Performed				
Okilia/Neaporiaibilities			Hours Ferformed				
I do hereby certify that the information provided on this form is true, a	accurate, and comple	te, and that I was the	immediate supervisor of the applicant				
during the above employment experience.							
Date	D	igital or Original Sigr	nature of Supervisor				
WOTPUGTIONS IS I							
INSTRUCTIONS: If the supervisor is no longer available, please have this section reviewed and signed by a notary public.							
 Date		Notary	Stamp				
Date							
Printed Name of Notary Public		Original Signatur	re of Notary Public				
By having a supervisor or notary public sign this form, you are attesting that the work experience above is true, accurate, and complete.							
Date Applicant N	Vame	Digital or O	riginal Signature of Applicant				
If additional space is peopled you may attach a separate sheet on	company lotterheed	or signed by a notary	nublic following the same formst				

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PART IV – TO BE COMPLETED BY THE ILLINOIS EDUCATION FOR EMPLOYMENT (EFE) DIRECTOR (Optional) Recommendation: Please review the applicant's work experience listed in Part III and provide any additional commentary regarding the experiences applicable to the CIP Code sought. Digital or Original Signature of Education for Employment Director Date

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