ILLINOIS STATE BOARD OF EDUCATION

et, S-306

Educator Effectiveness Division 100 North First Street, S-306 Springfield, Illinois 62777-0001

OUT-OF-STATE TEST OF BASIC SKILLS VERIFICATION: DEPARTMENT/BOARD OF EDUCATION USE ONLY

Instructions: An applicant applying for an Illinois license who has completed a test of basic skills leading to licensure in another state should use this form if licensure was obtained in a state other than the state where the educator preparation program was completed. (e.g., Educator completed preparation program at an lowa institution, does not obtain lowa licensure, but has obtained licensure in Missouri – **USE THIS FORM**). An applicant who has completed a test of basic skills leading to licensure in the same state as the completed preparation program should instead complete **ISBE Form 80-02**: State-Approved Program and Completion of Standards Verification (7/15). (e.g., Educator completed program in lowa and obtains lowa licensure uses **ISBE Form 80-02**).

Educator completed program in lowa and obtains lowa licensure uses 13BE Form 60-02).		
PART I – TO BE COMPLETED BY THE EDUCATOR		
APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN (Listed in ELIS)	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL
NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)	
PART II – TO BE COMPLETED BY STATE LICENSURE/CERTIFICATION ENTITY		
TEST OF BASIC SKILLS VERIFICATION: Please verification completed a test of basic skills at the time of initial licens have resulted in licensure in your state. Sign, date, and a to the Educator Effectiveness Division at Licensureforms honored. Yes, this individual has passed a test of basic skills the	sure in your state. Successfur affix the department's official s@isbe.net. Forms returned at resulted in initial licensure	al completion of the test must seal to the form and e-mail it d to the applicant will not be
Name of the test: (e.g., Praxis I):		
Date test was passed:		
No, this individual has not passed a test of basic skills for initial licensure in this state.		
NAME OF LICENSURE/CERTIFICATION ENTITY	TELEPHONE (Include Area Code)	
NAME OF AUTHORIZED OFFICIAL	FAX (Include Area Code)	
TITLE	E-MAIL	
 Date	Original Signature o	of Authorized Official
		of Authorized Official