



CERTIFICATION INFORMATION FOR OUT-OF-STATE APPLICANTS

This checklist will assist you in assembling the documents necessary to complete the application process for an Illinois educator certificate. Without these documents the application process may be delayed. The information on this checklist applies to individuals who submit applications on or after January 1, 2012.

IMPORTANT: YOUR SIGNATURE MUST BE LEGIBLE (readable) OR YOUR PAPERWORK WILL NOT BE ACCEPTED!

_____ 1. Completed Application for Certificate (Form 73-03C for teaching certificates, 73-03D for administrative or school service personnel certificates).

The application must be accompanied by a non-refundable \$75 application fee in the form of a **BANK ISSUED CASHIER'S CHECK** payable to the **STATE SUPERINTENDENT OF EDUCATION.**

_____ 2. Copy of your out-of-state certificate. Your certificate must be valid at the time of application and comparable to the Illinois certificate for which you are applying. Please photocopy the front and back of your certificate.

_____ 3. Official transcripts from all institutions of higher learning. All transcripts must be original and official; no photocopies are permitted. To be official, transcripts must be submitted in the sealed envelope from the college or university or be sent directly by the institution to your regional office. Transcripts received that are not in a sealed envelope from the university will be considered unofficial and cannot be used.

_____ 4. State-Approved Program Verification Form (Form 73-05). Please have the Registrar at your college or university complete form 73-05 and then they should send it directly to ISBE.

_____ 5. Request for a provisional teaching certificate. If you have a valid educator certificate from another state that is comparable to the certificate for which you are applying, you may qualify for an Illinois provisional teaching certificate. You must complete ISBE form 73-63 to request a provisional certificate. The provisional certificate is valid for at least two (2) full fiscal years, during which time you must remove all deficiencies. **Provisional certificates cannot be renewed.**

_____ 6. Letters of teaching experience. The level of the Illinois certificate you receive (initial or standard) is based on the number of years of teaching experience you completed while holding a valid out of state certificate. Letters verifying experience or official employment records must be original, on official letterhead, and signed by an authorized school personnel. You must submit proof of holding a valid certificate during the time period of your experience. Photocopies are not acceptable.

_____ 7. Registration of your provisional certificate. In order for your Illinois provisional certificate to be valid it must be registered in the Regional Office of Education where you reside or teach. The amount can vary depending on the issue date and validity period of the certificate. It will be either \$20 or \$30. **Please check with the Regional Office for the correct fee amount. This payment can be cash, personal check or a money order.** It should be payable to the I-KAN Regional Office of Education.

ADDITIONAL INFORMATION

Out-of-state applicants may be confused regarding the terms Reciprocity and Interstate Certification. Reciprocity means the automatic issuance of a state's comparable certificate based upon the candidate's holding a similar and comparable certification of another state without any additional requirement. Interstate Certification agreements are a set of negotiated conditions upon which holding a valid certificate in one state may simplify the issuance of the comparable certificate in another state.

Illinois is part of the Interstate Certification Contract. There is no true reciprocity in Illinois with any state. Application for an Illinois certificate based on an out-of-state certificate will not result in an automatic exchange for the equivalent Illinois certificate. Many factors will influence the issuance of an Illinois teaching certificate. All out-of-state applicants must meet current Illinois teaching certificate requirements. **It is possible that endorsements issued on the out-of-state certificate will not be issued on the Illinois certificate if the applicant's subject preparation is at great variance with current Illinois endorsement requirements.**

TESTING INFORMATION

Individuals seeking teacher certification in Illinois must pass the following examinations: (a) Basic Skills, (b) the appropriate content area test, and (c) the appropriate Assessment of Professional Teaching (APT) test. Furthermore, individuals seeking one of the following special certificates must also pass the Special Education General Curriculum test:

- Learning Behavior Specialist I
- Teacher of Students Who Are Deaf or Hard of Hearing
- Speech-Language Pathologist: Teaching
- Teacher of Students Who Are Blind or Visually Impaired

Individuals seeking school service personnel certification in Illinois must pass the following examinations: (a) Basic Skills and (b) the appropriate school service personnel content area test. (Note: Teaching and non-teaching speech language certificates require different content area tests).

Individuals seeking administrative certification in Illinois must pass the following examinations: (a) Basic Skills and (b) the appropriate administrative content area test.

Applicants who hold a valid and comparable certificate from another state are not required to pass the Basic Skills test unless they have previously attempted to pass the Illinois Basic Skills test and failed it. For more information concerning test fees, registration, and study guides, visit <http://www.icts.nesinc.com>.

A NOTE REGARDING MIDDLE SCHOOL REQUIREMENTS

Persons seeking middle grade endorsements in Illinois must complete 18 semester hours of content in the endorsement area and two additional 3-semester-hour courses in middle grade education**.

- One course must include coursework in middle school philosophy, curriculum, and instructional methods for designing and teaching developmentally appropriate programs in the middle grades, including content area reading instruction.
- The additional 3 semester hours of coursework must be in educational psychology, focusing on the developmental characteristics of early adolescents and the role of the middle grade teacher in assessment, coordination, and referral of students to health and social services.

**Some middle grade endorsements require a specific distribution in the content area. These endorsements include middle grade mathematics, reading, library information science, English as a second language, bilingual, and technology specialist endorsements.

The required middle grade education courses from out-of-state institutions are not acceptable unless an official course description from the institution explicitly addresses these requirements. If the coursework does not meet Illinois requirements, the applicant will not be issued a middle grade endorsement even if the applicant has 18 semester hours of content area coursework in endorsement area.

Approved middle school education courses are listed at: http://www.isbe.net/certification/middle_grade/msinfo.htm.

All forms necessary to complete your application are included with this sheet or available at www.isbe.net/certification/html/forms.htm.

Revised February 21, 2012

Note: City of Chicago Residents should forward this form to the Educator Certification Division, Illinois State Board of Education, 100 North First Street, S-306, Springfield, Illinois 62777-0001. Please call 217/557-6763 for applicable fee amount.

ILLINOIS STATE BOARD OF EDUCATION
 Educator Certification Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001



APPLICATION FOR TEACHING CERTIFICATE

Directions: Please print or type the information requested, and sign in ink. Return this completed form to your Regional Office of Education, and include the applicable fee in the form of a cashier's check. (Contact information is in your telephone book under local or county government, or at <http://www.isbe.net/regionaloffices/pdf/roedirectory.pdf>.) Please contact your regional superintendent regarding to whom the cashier's check should be made payable. Chicago residents should mail the application and applicable fee in the form of a cashier's check, payable to the **State Superintendent of Education**, to the above address. Fees are not refundable or transferable.

PRINT NAME (Last, First, Middle, Maiden)		SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
HOME ADDRESS (Street, City, State, Zip Code)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL
		TELEPHONE (Include Area Code) Home	TELEPHONE (Include Area Code) Work

(Attach written explanation for Yes answers.)

Yes No Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?

Yes No Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?

Yes No Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law and administered by that Department that was not subsequently resolved to the Department's satisfaction?

Yes No Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?

Yes No Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?

Signature Required

I certify, under penalty of perjury, that I do not have a child support order, and/or that I am not more than 30 days delinquent in complying with a child support order. I understand that I must sign this statement, whether or not I have children, and failure to so certify may result in disciplinary action, and making a false statement may subject me to contempt of court. A written explanation is required for those unable to complete this certification.

_____ **Original Signature of Applicant**

_____ **Date**

If you previously held an Illinois certificate, complete the following: Type _____ Number _____					ISBE CERTIFICATION OFFICE USE ONLY			
NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID	
				DATE CERTIFICATE ISSUED				
				CERTIFICATE NUMBER				

THIS APPLICATION MAY BE USED TO REQUEST ONLY ONE CERTIFICATE

Initial	Standard	Resident Teacher (Approved Programs Only)	<input type="checkbox"/> Substitute (K-12)
Early Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provisional Vocational Occupational Field
Elementary (K-9)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (Vocational Subject to Be Taught)
Secondary (6-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transitional Bilingual
I am applying for a Special K-12 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____ (Language)
Endorsement area _____ (One Endorsement per Application)			<input type="checkbox"/> Part-Time Provisional
<input type="checkbox"/> Supervisory endorsement			_____ (Subject Taught)

I do hereby affirm that the information provided above and the credentials, including transcripts and other supporting documents, are true, correct and complete.

NOTE: Applicants who knowingly alter or misrepresent their qualifications in order to obtain a certificate shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.

_____ **Original Signature of Applicant** _____ **Date** _____ **Original Signature of Requesting Illinois Regional Superintendent** _____ **Date**

Signature of District Superintendent is required if application is being made for a Part-Time Provisional or a Provisional Vocational Certificate. Applications for a Provisional Vocational Certificate also require ISBE Form 73-23.

_____ **Telephone (Include Area Code)** _____ **District Name and Number** _____ **Signature of Hiring District Superintendent or Board Secretary**

This section must be completed by Illinois Teacher Education Institution if certificate is to be issued by entitlement. Ignore this section of the form if certification by evaluation (individual applies directly) is requested.

As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above-named applicant has completed all requirements of the certification statutes and relevant rules and regulations and has successfully completed an approved program leading to the certification and endorsement for which the applicant is recommended.

_____ **Institution Submitting Application**

_____ **Original Signature of Authorized Official and Seal of Institution** _____ **Date**



REQUEST FOR ISSUANCE OF PROVISIONAL CERTIFICATE

DIRECTIONS: Please read the following information carefully and complete the bottom portion of the form. This form may be submitted with your application or forwarded at a later date through the office of your regional superintendent. Chicago residents should mail this form to the address above.

A provisional certificate may be issued when an applicant who holds a **valid, comparable certificate from another state** does not meet all Illinois requirements. A provisional certificate is valid for two full fiscal years and cannot be renewed. The fiscal year begins on July 1 and ends on June 30 of the next calendar year. **The first year of a provisional certificate ends on June 30 following the date of issue.**

A provisional certificate may be used during the period of its validity for appropriate employment. During the validity period, the holder must remove all listed deficiencies.

If all deficiencies are removed during the fiscal year in which the certificate was issued, it will be exchanged for a regular certificate; no additional fee is required. If deficiencies are removed after June 30 following the date of issue, a new application and fee are required for issuance of the regular certificate.

State law prohibits issuance of a second provisional certificate of the same kind.

I have read the information above and have **attached a copy of my current and comparable out-of-state certificate**. My certificate number is _____ . It is valid from _____

to _____ . I request issuance of the following provisional certificate(s):

Early childhood

Elementary

Secondary

Special (specify area) _____

School Service Personnel (specify area) _____

Administrative (specify endorsement) _____

Date

Name (Please type or print)

Signature

Social Security Number



Illinois State Board of Education

100 North First Street • Springfield, Illinois 62777-0001
www.isbe.net

Rod Blagojevich
Governor

Jesse H. Ruiz
Chairman

Dr. Randy J. Dunn
State Superintendent of Education

MEMORANDUM

TO: All applicants submitting evidence of completion of a state-approved teacher education program

RE: Submission of ISBE form 73-05, *State-Approved Program Verification*

FROM: Linda Jamali, Division Administrator
Division of Certification

DATE: December 1, 2006

This memo is to bring to your attention that the college or university submitting ISBE form 73-05, *State Approved Program Verification*, on your behalf **must** send the form directly to the Illinois State Board of Education, Division of Certification. The ISBE address is given at the top of form 73-05.

If form 73-05 is forwarded to the State Board of Education by the applicant or a Regional Office of Education it will not be honored under any circumstance.

ILLINOIS STATE BOARD OF EDUCATION
 Educator Certification Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001

STATE-APPROVED PROGRAM VERIFICATION

PART I - TO BE COMPLETED BY APPLICANT

An applicant for an Illinois teaching, administrative, or school service personnel certificate who has completed a state-approved program of preparation at a college or university shall use this form to verify completion of the program. The applicant should provide all information requested in Part I of this form. **Please request that the college/university forward the completed form directly to the Educator Certification Division, Illinois State Board of Education at the address at the top of this form. Forms returned to the applicant or Regional Office of Education will not be honored.**

APPLICANT'S NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

NAME OF COLLEGE/UNIVERSITY

ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
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PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, leads to a certificate comparable to the specific types listed below. Please stamp the completed form with the appropriate seal of the institution, date it, and affix the signature of the registrar, certification officer, or other authorized official. Send the form to the Educator Certification Division, Illinois State Board of Education. **Forms returned to the applicant or Regional Office of Education, will not be honored.**

TYPE OF CERTIFICATE FOR WHICH APPLICATION IS BEING MADE

TEACHING CERTIFICATE	SCHOOL SERVICE PERSONNEL CERTIFICATE (K - 12)	ADMINISTRATIVE CERTIFICATE
<input type="checkbox"/> Early Childhood (PreK-Grade 3) _____ Age or Grade Level	<input type="checkbox"/> School Counselor	<input type="checkbox"/> General Administrative (K-12) (Principal)
<input type="checkbox"/> Elementary (K-9) _____ Grade Level	<input type="checkbox"/> School Social Worker	<input type="checkbox"/> Superintendent (K-12)
<input type="checkbox"/> Secondary (6-12) _____ Teaching Fields	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Chief School Business Official
<input type="checkbox"/> Special (K-12) _____ Grade Level and/or Teaching Field(s)	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Director of Special Education
	<input type="checkbox"/> Speech Language Pathology, Non-Teaching	

I certify that the applicant has completed all requirements of our approved program in effect at the time of applicant's attendance for which recommendation is given.

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME AND TITLE OF AUTHORIZED OFFICIAL	E-MAIL	

**COLLEGE/UNIVERSITY
Seal**

_____ Date _____ Signature of Authorized Official

SAMPLE LETTER

Date

Illinois State Board of Education
Professional Preparation Division
100 North First Street
Springfield IL 62777-0001

To Whom It May Concern:

This letter is to verify the (INSERT NAME), (SSN), was employed in the (NAME OF DISTRICT) from (BEGINNING DATE through ENDING DATE). He/she taught (SUBJECT?GRADE LEVEL TAUGHT) and has had successful teaching experience.

Sincerely,

Must be signed by DISTRICT SUPERINTENDENT
OR PERSONNEL DIRECTOR
OR PRINCIPAL (only if the school was a private school)

Letter must be on imprinted district letterhead.