

Please read **all** information before processing application.

IMPORTANT: Your signature must be legible (readable) on all your paperwork or it cannot be accepted!

Effective August 12, 2004: All individuals wishing to substitute must be fingerprinted.

Effective January 1, 2011: Both the Illinois and FBI reports must be received in the ROE before an individual can be authorized to substitute and the individual must pay the fingerprinting fee and an ROE service fee.

Individuals applying for a type 39 substitute certificate must complete all items 1 through 7 on the checklist below. Item number 8 is optional.

- ___ 1. Provide the following fees:
 - A. \$75 Substitute Teaching Certificate Fee - **Payment MUST be in the form of: BANK ISSUED CASHIER'S CHECK** payable to the **STATE SUPERINTENDENT OF EDUCATION**
 - B. \$40 Registration Fee (personal check or money order) payable to the **I-KAN Regional Office of Education** to have the certificate registered in the I-KAN Region once the certificate is issued by ISBE.
 - C. \$60 fingerprinting fee (personal check or money order) payable to the **I-KAN Regional Office of Education** (this fee covers the fingerprinting fee and the ROE service fee).
- ___ 2. Complete the authorization for Release of Criminal History Background Check.
- ___ 3. Schedule your fingerprint appointment with the Regional Office of Education. **NOTE:** The fingerprint firm must have at least a 24 hour notice for an appointment.
- ___ 4. Complete the Application for Teaching Certificate (form 73-03). Check the Substitute Certificate box.
- ___ 5. Provide the ROE with an **OFFICIAL TRANSCRIPT** (in a sealed envelope) indicating a **Bachelor Degree** has been conferred. We cannot use a Master or PhD degree for this purpose. The degree must be from a recognized institution of higher learning. **NOTE:** Some colleges/universities (such as business, medical, beauty schools, church affiliated schools, etc.) may not be acceptable.
- ___ 6. Provide verification of a physical (form attached). The physical can't be more than 90 days old from application date.
- ___ 7. Provide documentation of a **2-step** TB test (form attached). The TB test cannot be more than 90 days old from application date. You can have a 2-step test done at the Kankakee or Iroquois County Health Department, Provena St. Mary's Occupational Health Center, Riverside Medical Center, as well as some physicians' offices. You will need to call them directly to make an appointment. If you have tested positive in the past and cannot have a TB skin test, you will need to have a **CURRENT** CHEST X-RAY done and we will need verification from your medical doctor that an x-ray was given and you are free of TB.
- ___ 8. If you would like your name to appear on the County Substitute List please complete the Substitute Location Form indicating in which county you would like to substitute. (This is optional.) We recommend that you contact the school districts directly to have yourself placed on their lists as well (we have a current schools list available in our office or the information is available online at www.i-kan.org).

When the above requirements have been completed and received in the Iroquois-Kankakee Regional Office of Education, the application will be processed and a six week temporary work authorization issued by ISBE along with the I-KAN Substitute Authorization Approval Letter and packet (this includes copies of your fingerprint results, physical and 2-step TB test results) will be mailed to the applicant at the mailing address on the application.

Main Office:
189 East Court St., Suite 600
Kankakee, Illinois 60901
Phone: 815-937-2950
Fax: 815-937-2921

Iroquois-Kankakee
Regional Office of Education
Dr. Kay M. Pangle, Regional Superintendent of Schools
Vicki Hensley, Assistant Regional Superintendent of Schools

Satellite Office:
1001 East Grant, Suite 112B
Watseka, IL 60970
Phone: 815-432-6976
Fax: 815-432-6119

SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION FORM

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district including persons or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

I authorize the submission of my fingerprints and other necessary information to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize the Iroquois-Kankakee Regional Office of Education to check for my name on the

1. Statewide Illinois Sex Offender Database and;
2. Illinois Statewide Child Murderer and Violent Offenders Against Youth Database

I understand that conviction on any of the enumerated offenses or the presence of my name on any of these reports may exclude me from substitute teaching in the school districts served by the Iroquois-Kankakee Regional Office of Education and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the Regional Superintendent of Iroquois and Kankakee Counties shall share criminal history reports with the Superintendent(s) of School District(s), other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I further understand that a copy of the criminal history check shall be provided to me.

I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.

I understand that receiving an Iroquois-Kankakee County Substitute Authorization certificate is necessary to substitute teach in the school districts served by the Iroquois-Kankakee Regional Office of Education and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Iroquois or Kankakee County schools.

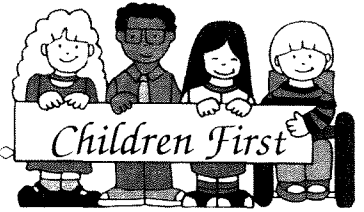
Please Print: First name Middle initial Last name Social Security Number

Signature Today's Date Day Time Phone Number

Home Street Address City, State and Zip

____/____/____ _____ _____ _____ _____ _____
Date of Birth Place of birth (State/Country) Height Weight Hair Color Eye Color

Race (circle one): Asian / American Indian / Black / White (Select white for Hispanic) / Unknown Gender: M F



Report of Physical Examination

Section 1:

Name: _____

Address: _____

Date of Birth: _____ Sex: Male Female

General Physical Condition: _____

Any Restrictions: _____

The above individual was seen in my office on _____
(date of visit)

Based on the physical examination performed in my office the above individual was found to be:

_____ Physically fit to teach _____ Not physically fit to teach

I hereby certify that the above individual was seen in my office and that this is verification of his/her examination.

Doctor signature: _____

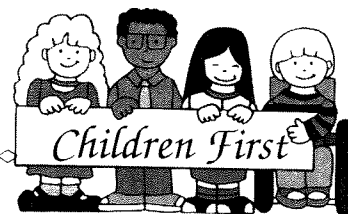
City: _____ State: _____

Section 2:

To teach an individual must also have completed a **TWO-STEP** TB test. Please complete the following **OR attach** verification from the County Health Department. If the above individual continually tests positive, verification of current chest x-ray must be supplied in lieu of the skin test.

Two-Step test given: 1) _____ 2) _____ Results: _____ Negative _____ Positive
Date Date

Test given by: _____



189 East Court Street, Suite 600 - Kankakee, Illinois 60901-3841
Kankakee: 815/937-2950 - FAX 815/937-2921
Iroquois: 815/432-6976

SUBSTITUTE LOCATION FORM

To Whom It May Concern:

If you would like your name placed on the Regional Office of Education substitute list for the 2011-2012 school year, please fill out the form below and return it to our office either in person or by mail.

PLEASE NOTE: Before we can place your name on the substitute list you must have 1) Your certificate currently registered in the Regional Office, 2) You must have on file in the ROE your TB test, physical statement and criminal history background check. If you do not have these items, please contact the Regional Office of Education at 937-2951. *If this was the fourth and final year of your substitute certificate you will need to reapply for a new one.* Application packets can be obtained in the Regional Office of Education.

Please place my name on the Regional Office of Education substitute list

PLEASE PRINT OR TYPE

Name: _____

Address: _____

Phone: _____ Social Security # _____

I would be available to substitute for the following (please check only **ONE** of the three choices):

___ **All KANKAKEE County schools**

___ **All IROQUOIS County schools**

___ **ALL Schools (BOTH Counties)**

If you only want to work in a specific district you must contact the district(s) on your own. We will only place your name on the county substitute list if you have checked one of the choices above.

July 13, 2011