

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

APPLICATION FOR SCHOOL SERVICE PERSONNEL OR ADMINISTRATIVE CERTIFICATE

Directions: Please print or type. Return this form and the required \$30 fee to your regional superintendent. Consult with your regional superintendent regarding the type of payment accepted. Chicago residents should mail the application and a **money order or certified check** made payable to the State Superintendent of Education to the address above. This fee is not refundable or transferable.

PRINT NAME (Last, First, Middle, Maiden) Doe, Jane M.		SOCIAL SECURITY NUMBER 012-34-5678	BIRTHDATE (MM/DD/YYYY) 01/01/2010
HOME ADDRESS (Street Number, City, State, Zip Code) 123 Any Street Anytown, USA 12345		SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	E-MAIL Jmdoe@eiu.edu
		TELEPHONE (Include Area Code) Home 012-345-6789	TELEPHONE (Include Area Code) Work 012-345-6789

U.S. CITIZEN Yes No
 Applicants who are not US citizens must provide proof of legal presence and eligibility for employment. They must also file form 73-91, "Notice of Intent to Become a United States Citizen."

(Attach written explanation for yes answers.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?	Signature Required I certify, under penalty of perjury, that I do not have a child support order, 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. Jane M. Doe Signature of Applicant 1-22-2010 Date
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 administered by that Department that was not subsequently resolved to the Department's satisfaction?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	

If you previously held an Illinois Certificate, give the Type <u>03</u> Number <u>0123456</u>					ISBE CERTIFICATION OFFICE USE ONLY			
NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID	
Eastern Ill. Univ.	IL	MSED	12/09					
Eastern Ill Univ.	IL	BA	05/04	DATE CERTIFICATE ISSUED				
Lakeland Comm. College	IL	AA	05/02	CERTIFICATE NUMBER				

SCHOOL SERVICE PERSONNEL (One Endorsement per Application)		ADMINISTRATIVE (One Endorsement per Application)	
CERTIFICATE	ENDORSEMENT	CERTIFICATE	
<input type="checkbox"/> School Counselor	<input type="checkbox"/> Supervisory	<input checked="" type="checkbox"/> General Administrative	
<input type="checkbox"/> School Social Worker	<input type="checkbox"/> Supervisory	<input checked="" type="checkbox"/> Superintendent	
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Chief School Business Official	
<input type="checkbox"/> School Nurse	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Director of Special Education	
<input type="checkbox"/> Speech/Language Pathologist	<input type="checkbox"/> Supervisory		
<input type="checkbox"/> Interim Speech/Language Pathologist Intern			

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.

Jane M. Doe 1-22-2010
 Signature of Applicant Date

 Signature of Requesting Illinois Regional Superintendent Date

To 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

 Signature of Authorized Official and Seal of Institution Date