



APPLICATION FOR TEACHING CERTIFICATE

Directions: Please print or type. Return this form and the \$30 cashier's check to your regional superintendent. Please contact your regional superintendent regarding who the cashier's check should be made payable to. Chicago residents and out-of-state applicants should mail the application and \$30 cashier's check to the above address. This fee should be made payable to the State Superintendent of Education. 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

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 type="checkbox"/> No	Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?	Signature Required <i>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.</i> _____ Signature of Applicant _____ Date
	<input type="checkbox"/> Yes <input 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 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 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 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 _____ 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)	
Early Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Substitute (K-12)
Elementary (K-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provisional Vocational Occupational Field <small>(Vocational Subject to Be Taught)</small>
Secondary (6-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transitional Bilingual <small>(Languages)</small>
I am applying for a Special K-12 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part-Time Provisional <small>(Subject Taught)</small>
Endorsement area _____ <small>(One Endorsement per Application)</small>				
<input type="checkbox"/> Supervisory endorsement				

A special certificate may be issued as a single certificate or split to obtain an elementary and a secondary certificate. For information about the difference go to www.isbe.net/certification/pdf/7303C_expl.pdf

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.

_____ Signature of Applicant	_____ Date	_____ Signature of Requesting Illinois Regional Superintendent	_____ Date
Signature of District Superintendent 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	

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