

## **SUBSTITUTE TEACHING AUTHORIZATION IN ROE #32**

To substitute teach in any public school in the I-KAN ROE #32 region, you need to hold a valid Professional Educator License (PEL), Substitute Teacher License (SUB) or a Short-Term Substitute Teacher License (STS). **If printing this packet for fingerprinting and physical forms, print one-sided.**

- Those with a currently registered **Professional Educator License** do not need a separate Substitute Teaching License, but must be authorized by the Regional Office of Education by completing the substitute packet. (Skip ahead to step 3). Individuals who hold a valid Illinois PEL may substitute for 120 days per assignment. Retired teachers with a valid Illinois PEL may substitute a total of 100 days.
- A **Substitute Teaching License** requires a bachelor's degree from an accredited 4-year institution. SUB licenses are valid for 5 years and are renewable.
- A **Short-Term Substitute License** requires an associate's degree or 60 college credit hours. Individuals can apply for this license through June 30, 2029 and it is not renewable.

Step 1: Obtain a Substitute Teacher License or Short-Term Substitute Teacher License.

- Begin the application process for a SUB or STS license online. Log on to [www.isbe.net](http://www.isbe.net), click on Teachers, click on ELIS, then click on Login to your ELIS account under Educator Access. Click on Sign up Now in the left side margin and follow the prompts. Follow the steps and click on Apply for Substitute Teacher License or Short Term Substitute License.
- Submit official and sealed transcripts directly from your university to the I-KAN ROE, 1 Stuart Dr., Kankakee, IL 60901 or E-script official transcripts to [Lmcelroy@i-kan.org](mailto:Lmcelroy@i-kan.org) or [Mhamilton@i-kan.org](mailto:Mhamilton@i-kan.org)

Step 2: Register your Substitute Teaching License.

- Log into your ELIS account. Once your application status changes from Pending Review to Issued, register your license.

Step 3: Complete the I-KAN ROE 32 Substitute Authorization Packet

- Provide documentation of a physical from a medical professional. The documentation cannot be more than 90 days old from the date of application. (Suggested physical form attached)
- Schedule a fingerprint appointment with Bushue Background Screening at [www.bushuebackgroundscreening.com](http://www.bushuebackgroundscreening.com) or call 217-342-3042. Fingerprinting takes place at the I-KAN office, 1 Stuart Dr., Kankakee.
- Complete Fingerprinting Disclosure and Authorization Forms (attached) and bring with you at the time of your fingerprinting appointment. Cost is \$60 with check or money order made payable to I-KAN ROE. The office cannot accept credit or debit cards.


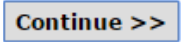
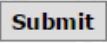

Step 4: Substitute Teacher Authorization

- When all Substitute Authorization Packet paperwork is complete and the results of fingerprinting are received, the Regional Office of Education will call to let you know your packet is available for pickup. The packet includes copies of your medical certification and fingerprinting reports from the Illinois State Police and FBI.
- Substitutes can contact individual school districts they are interested in substitute teaching in. Bring the authorization packet to each district office. Make sure the school district copies the packet and returns your originals to you. A list of schools in Kankakee and Iroquois counties is available at [www.i-kan.org/schools/](http://www.i-kan.org/schools/).
- Substitutes can also sign up to appear on the countywide substitute teacher list. Complete the Substitute Location Form (attached) indicating which county/counties you would like to substitute in. Substitutes have the opportunity to accept or deny working in any district when contacted.

# ELIS (Educator Licensure Information System)

Start at [www.isbe.net](http://www.isbe.net) ; Click Log Into ELIS at the top of the page; on the next page under **Educator Access** click on **Login to your ELIS account** (first box)


## CREATING A NEW ACCOUNT

1. Click on [CLICK HERE FOR FIRST TIME ACCESS TO THE ELIS SYSTEM](#) (right side of the page)
    - o Fill in your information under **ELIS for Educators Account Sign Up** - You will only need to do this the **first** time you access ELIS.  by the field means it's required. There are no "drop down" security questions, so you'll need to create your own (father's middle name, pet's name, etc.)
    - o To maintain access, use a personal email.
    - o Keep track of your user name and password.
  2. "New User Account Confirmation" should come up; hit 
  3. "New User Account Confirmation" shows up again. Either click on  or  ; once you've clicked on "Submit" the next page will display: "**Congratulations 'JOHN DOE' on signing up for your personal ELIS for Educators account.**"
  4. From this page you can click "Continue" to access all credentials.
  5. Click [View your Credentials](#), to make sure everything is correct.
- All licensure transactions must be completed online in ELIS with a credit or debit card including all applications for licenses, endorsements, registration, payments and renewal of licenses.
  - Use a personal email address to create your ELIS account. This email address is where ISBE will email you reminders.
  - Official transcripts, ETS Para-pro test scores, a high school diploma, etc. **Please bring the items to the ROE for us to scan and upload into your ELIS account.** It is much faster. Please make sure that you include your IEIN (Illinois Educator Identification Number) and the name on your ELIS account so they are able to match your paperwork to your account

## APPLY FOR A NEW LICENSE, ENDORSEMENT OR APPROVAL

Log into your account and click on [Apply for a Credential](#) and follow the appropriate steps. New applications may take 6 – 12 weeks for processing. Continue to check ELIS for the status.

## LICENSE RENEWAL

Log into your ELIS account and click on  [Renewal](#) in the Action Center. If there is no yellow triangle you cannot renew. You may have to change your PD/Employment Status depending on your circumstances.

## NAME CHANGES

If your last name changes, fill out ISBE form 73-71 and send it to directly to ISBE with appropriate documentation - a driver's license, Social Security Card or marriage license.

Iroquois - Kankakee



Regional Office of Education

1 Stuart Drive, Kankakee, IL 60901

PH (815) 937-2950 | FX (815) 937-2921 | www.i-kan.org



## Report of Physical Examination

(TB Test no longer required)

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: \_\_\_\_\_

### APPLICANT INFORMATION

Please Print Legibly

<b>Applicant's Full Legal Name</b>	<b>First:</b>	<b>Middle:</b>	<b>Last:</b>
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**Address (street, city, state, zip):**

<b>Phone Number:</b>	<b>Email Address:</b>
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<b>Date of Birth (MM/DD/YYYY):</b>	<b>Gender:</b>
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<b>Race (indicate one):</b>	<b>Height:</b>	<b>Hair Color (indicate one):</b>	<b>Eye Color (indicate one):</b>
	<b>Weight</b>		

<b>What State You Were Born In?</b>	<b>Social Security Number:</b>	<b>Driver's License Number &amp; State Issued:</b>
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<b>Position:</b> (reason for fingerprinting)	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Bus Monitor <input type="checkbox"/> Coach <input type="checkbox"/> Contractor <input type="checkbox"/> Custodian <input type="checkbox"/> Volunteer <input type="checkbox"/> Food Service <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Student Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher Other: _____
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### APPLICANT SIGNATURE AND DATE

<b>Applicant Signature</b> (if the person listed at the top of this form is under the age of 18, their parent or guardian should sign and date these sections.)	<b>Date:</b>
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**\*PLEASE TAKE A COPY OF THIS FORM TO YOUR FINGERPRINT APPOINTMENT\***

### Office Use Only: Bushue Background Screening

<b>Proof of Identity:</b>	<b>ORI Number:</b>
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<b>Technician:</b>	<b>Tech License #:</b>	<b>TCN:</b>	<b>Purpose Code:</b>
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<b>Date of Fingerprint:</b>	<b>Time:</b>	<b>Location:</b>	<b>Payment Amount:</b>
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**ROE #32**

**Privacy Act Statement**

**READ CAREFULLY BEFORE SIGNING**

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ROE #32**

**DISCLOSURE FOR CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

**CLIENT NAME** (“end-user”) has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ROE #32**

**AUTHORIZATION FOR CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by **CLIENT NAME** (“end-user”) and its consumer reporting agency Bushue Background Screening (“Agency”). In my connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for the End-User to procure such reports at any time during, as permitted by law, my employment (or other affiliation) with the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, my driving record, judgments, bankruptcy proceedings, evictions, other public records, criminal history records, fingerprint records, etc.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize the End-User and the Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Bushue Background Screening at (217) 342-3042 or [info@bushuebackgroundscreening.com](mailto:info@bushuebackgroundscreening.com).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer



reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>



## IROQUOIS-KANKAKEE REGIONAL SUBSTITUTE FORM – 2023-24

Fill out this form to have your name placed on the I-KAN Regional Office of Education region-wide substitute teacher list and return it to our office.

The I-KAN Regional Office of Education recommends you contact the individual districts you are interested in substitute teaching at. The districts will have additional requirements. The Iroquois and Kankakee County list of schools is available on our website at [www.i-kan.org/schools](http://www.i-kan.org/schools).

**NOTE:**

Before your name is placed on the substitute list, you must be authorized to substitute teach through the Iroquois-Kankakee Regional Office of Education (Region #32).

Retain your original packet for your records. If you lose your packet and require a new set there will be a \$5.00 charge for replacement.

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Place my name on the I-KAN Regional Office of Education Regional Substitute List for the **2023-24 School Year**

**PLEASE PRINT OR TYPE CLEARLY**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

IEIN # \_\_\_\_\_ (located in your ELIS account just under your name)

Email address: \_\_\_\_\_

I would be available to substitute for the following:

**All KANKAKEE County** /  **All IROQUOIS County** /  **BOTH Counties**

When receiving a call from a district you have the opportunity to accept or deny working for that district.

Comment: \_\_\_\_\_

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**For I-KAN ROE Office Use Only**

PEL  STS  SUB  PARA-B, Registered through 20\_\_\_\_\_, BG in ELIS,  Sub List-ELIS,  Added to Sub List