

SUBSTITUTE TEACHING AUTHORIZATION IN ROE #32

Substitute Information for individuals who hold an IL PEL (Professional Educator License)

- Someone who has a PEL can work as a Teacher, a Substitute Teacher and a Paraprofessional (aka TA or Teacher's Aide) as long as they keep their PEL up to date.
- You cannot substitute unless your PEL is currently registered. The license does not automatically renew; you must log into ELIS (**E**ducator **L**icense **I**nformation **S**ystem) and use a debit/credit card to renew online.
- Individuals who hold a valid Illinois **PEL** may substitute for 120 days per assignment (unless they are a retired teacher then it is a *maximum total* of 100 days).
- Once fingerprinting takes place, you must complete the process within 90 days or your file will be destroyed.

Substitute Authorization Steps:

- Your PEL must be up to date and registered** in Iroquois-Kankakee Region # 32; which you do online in ELIS. Start at www.isbe.net. *The regional office may not accept payment on your behalf. All payments to the state must be done online with a credit/debit card. **Please use Internet Explorer (IE)**. Google Chrome will not process credit/debit card payments correctly, so please avoid using it.*
- Schedule your fingerprint appointment** with Bushue Background Screening (www.bushuebackgroundscreening.com). Fingerprinting takes place in the I-KAN ROE office at 1 Stuart Drive in Kankakee.
- Provide a \$60 fingerprinting fee** payable to the I-KAN ROE, which covers the cost of fingerprinting and the ROE service fee we only accept personal check, cash, or money order; no credit or debit. (You can pay when you come to the ROE's office for your fingerprinting appointment)
- Complete *Fingerprinting – Disclosure and Authorization Form (attached)* must be** provided at the time of the appointment.
- Provide documentation of a physical** to the ROE (form attached) stating that you are physically fit to teach. The physical cannot be more than 90 days old from date of application. A TB test is no longer required to teach in Illinois.
- Your name to appear on the countywide substitute list;** complete the Substitute Location Form indicating in which county you would like to substitute. Specific schools cannot be requested. You will have the opportunity to accept or deny working in any district when contacted.

When the above requirements have been completed a **Substitute Teacher Authorization Letter** and packet will be mailed. The packet includes copies of your physical and fingerprinting reports from the Illinois State Police and FBI.

If you would prefer to **pick up** your substitute packet when it is available, please make that request known when you begin the substitute authorization process with the ROE.

SCHOOLS LIST. We recommend that you contact individual school districts where you are most interested in substitute teaching as they sometimes have additional requirements. A list of schools in Kankakee and Iroquois counties is available at <http://i-kan.org/schools/>

FINGERPRINTING - DISCLOSURE AND AUTHORIZATION

Bushue Background Check Appointment Scheduling: www.bushuebackgroundscreening.com

PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

NOTICE REGARDING BACKGROUND INVESTIGATION ROE #32 ("the School") may obtain information about you from a consumer reporting agency for purposes of employment, licensure, volunteering, student teaching, or any other contractual services. These reports may contain information regarding your criminal history, motor vehicle records ("driving records"), fingerprint test by state police and/or FBI, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants, volunteers, and contractors is a fingerprint test and photo recognition by the state police and/or FBI conducted by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 3423042, or toll free at (877) 342-3042, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **ROE #32** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment or service to the district to the extent permitted by law.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **ROE #32** by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the School at any time after receipt of this authorization and throughout my employment and/or service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, another outside organization acting on behalf of **ROE #32**, and/or the School itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. 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 (ISP) and/or the Federal Bureau of Investigation (FBI). In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Last Name _____ First _____ Middle _____ Maiden/Other Alias _____

**Social Security # _____ **Date of Birth _____ Place of Birth (State): _____

Driver's License # _____ State of Driver's License _____ Phone _____

Present Address _____ City/State/Zip _____

Signature: _____ Date: _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.

Gender: Male Female **Race:** Asian Pacific Islander Black White Hispanic White Other **Height:** _____ **Weight:** _____

Hair Color: Bald Gray Black Sandy Blonde Red Brown **Eye Color:** Black Gray Blue Hazel Brown Other Green **Skin Tone:** Black Light Olive Fair Medium Light Brown Dark Brown

Position: Substitute **Please Circle (all that apply):** Certified - Non-Certified - Student Teacher - Bus Driver

Per Illinois School Code you are entitled to receive a copy of your criminal background check. Would you like to receive this copy? Yes _____ No _____

Office Use Only: **Proof of Identity:** DL / State I.D. / Passport / Birth Certificate / SSC / Other: _____ **ORI #:** _____
Technician : _____ **Technician License #:** 249.000 **TCN:** _____
Date of Fingerprinting : _____ **Time:** _____ **Location:** _____
Payment Type: Cash / Money Order / Credit Card - Last 4 Digits: _____ **Amount: \$** _____



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: _____



IROQUOIS-KANKAKEE REGIONAL SUBSTITUTE LOCATION FORM – 2017-18

Your name will be placed on the I-KAN Regional Office of Education region-wide substitute list for the 2017-18 school year, fill out the form below and return it to our office either in person, by mail or FAX (815-937-2921)

We start fresh every year, let us know if you wish to continue to Substitute this year. Most districts use our list as a backup and we recommend that you contact the individual districts you are most interested in subbing for. The districts will have additional requirements. The Iroquois and Kankakee County list of schools is available on our website at www.i-kan.org. The first sub-list of the new school year goes out to the districts during the first week of September and continues monthly.

NOTE:

Before we can place your name 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 back for your records. If you lose your packet and require a new set there will be a \$5.00 charge for replacement.

Please place my name on the I-KAN Regional Office of Education Regional Substitute List for the 2016 – 17 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 ALL Schools (BOTH Counties)


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

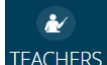

For I-KAN ROE Office Use Only

PEL SUB, Registered through 20____, DOB _____, Background in ELIS, Sub-List info in ELIS, Added to Sub-List

ELIS (Educator Licensure Information System)


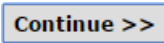
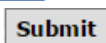

- All licensure transactions must be completed online in ELIS with a credit or debit card including all applications for licenses, endorsements, registration, payments and renewal of licenses. The ROEs may no longer accept payment
- Please use **INTERNET EXPLORER**  on a desktop or laptop when working in ELIS. Google Chrome will not process your payment correctly. No phone or tablet browsers work correctly
- Please use a personal email (Gmail and Yahoo email are free) to create your ELIS account. This email address is where ISBE will email you reminders. If you use a school email to sign up and later do not have access to it, you will not get the renewal reminders. ISBE will only email notices. **A lapsed license costs over \$500 to reinstate.**
- You may need to forward documents to the Illinois State Board of Education i.e. 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
- When registering your credentials or renewing if the amount requested is not the amount that it is expected to be, **DO NOT CONTINUE**, contact ISBE or the ROE for further instructions



Start at www.isbe.net ; Click  in the menu at the top of the page; then on the next page click 

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)
 - On the next page, you'll 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, color of the sky, etc.)
 - To maintain access, it is highly recommended that you use a personal email.
 - Please keep track of your user name: _____ and password _____.
The ROE cannot look your password up for you, you'll have to click on [Find Login/Password](#) or call the ISBE Help Desk at (217) 557-6763 or for them to reset it.
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 of credentials online.
5. Click [View your Credentials](#), please take the time to make sure that everything is correct.

APPLY FOR A NEW LICENSE, ENDORSEMENT OR APPROVAL

Log into your account and click on [Apply for an Illinois License, Endorsement or Approval](#) and follow the appropriate steps. New applications may take 6 – 12 weeks for processing. Please continue to check ELIS for the status.

RENEWAL OF LICENSE

Log into your account then 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. You **must** use a credit or debit card.

NAME CHANGES

If you last name changes, the ROE can make the change, but ISBE requires documentation to be uploaded. Please bring a document that shows the name change to the ROE: a Driver's License, Social Security Card or a Marriage License.