

SUBSTITUTE TEACHING AUTHORIZATION IN ROE #32

Information for individuals obtaining an IL SUB (Substitute Teaching License) who do not have a PEL

- You do not need a SUB license to substitute teach if you hold a PEL; ask for further information if you have a Professional Educators License.
- Someone who has a SUB License can work as a **Substitute Teacher** or **Paraprofessional** (aka TA or Teacher's Aide) as long as they keep their license up to date.
- You cannot substitute unless your SUB is currently registered. The license must be renewed through ISBE's website, ELIS (**Educator License Information System**). The license does not automatically renew; you must log into ELIS renew online.
- Once fingerprinting takes place, you must complete the process within 90 days or your file will be destroyed.

Substitute Authorization Steps:

- Complete the application process for a SUB License** online at www.isbe.net in ELIS. If this is your first time in ELIS you must first create an account (instructions attached). When applying in ELIS, follow the steps as indicated. All payments to the state must be done online with a credit/debit card. There is a **\$50 (plus processing) fee** for the license application. The regional office may not accept payment for you. **Use Internet Explorer (IE)**. Google Chrome will not process your credit/debit card payment correctly, so avoid using it.
- Send transcripts to the ROE.** Once you have applied online and paid your application fee you should bring an official set of transcripts (in a sealed envelope) to the ROE to upload into your ELIS account. You may also have them mailed. It needs to show the date your degree was earned or conferred. (If you have it sent to the ISBE in Springfield, it can take 4-8 weeks to be added to your account)
- Schedule your fingerprint appointment with Bushue Background Screening** (www.bushuebackgroundscreening.com) Fingerprinting takes place in the ROE's office at 1 Stuart Drive in Kankakee.
- Provide a \$60 fingerprinting fee** payable to the I-KAN ROE which this covers fingerprinting costs and the ROE service fee) the ROE will only accept personal check, cash, or money order; no credit or debit cards. (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. A TB test is no longer required to teach in Illinois.
- Register your license.** When the SUB license has been issued you need to **register** the license (in ELIS) to make it valid. There is another fee of \$50.00 (plus processing) for that step
- Your name will appear on the countywide substitute list;** complete the Substitute Location Form (attached) indicating in which county you would like to substitute. Specific schools cannot be requested. You will have an opportunity to accept or deny any district when contacted.

When the above requirements have been completed; the **Substitute Teacher Authorization Letter** and packet will be available for pick up. The packet includes copies of your physical and fingerprint reports from both the Illinois State Police and FBI.

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

SCHOOLS LIST. We recommend that you contact individual school districts where you are most interested in substitute teaching as they will have additional requirements. A list of schools in Kankakee and Iroquois counties is available at www.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 #: <u>249.000</u> 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


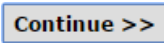


ELIS (Educator Licensure Information System)

- 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.



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



SUBSTITUTE LICENSE FEE REFUND REQUEST

EDUCATOR LICENSURE DIVISION

Instructions: If a substitute license was issued after the date of July 1, 2017 and the educator has worked more than ten full school days within a year of receiving the license, a request for a refund on the license and registration fee may be submitted. **All refunds will be credited back to the credit/debit card used to make the payment.**

The educator must complete Part I of this form, and a School or District Official must complete Part II. Please request the form to be e-mailed to sub10refund@isbe.net. **Forms submitted by the educator will not be honored.**

PART I – TO BE COMPLETED BY THE EDUCATOR

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

_____ Date of Issued Substitute License

_____ County/ROE Registration Fees Paid In

PART II – TO BE COMPLETED BY SCHOOL OR DISTRICT OFFICIAL

Please complete the following assurance of how many days the individual has been a substitute and email this form to sub10refund@isbe.net.

I certify that the above named individual, _____ has been employed _____ days during the past year since their Substitute License has been issued.

NAME OF DISTRICT	TELEPHONE (Include Area Code)
NAME OF AUTHORIZED OFFICIAL	FAX (Include Area Code)
TITLE OF AUTHORIZED OFFICIAL	E-MAIL

_____ Date

_____ Signature of Authorized Official