

## **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](http://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](http://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** or evidence from a medical professional of being free of communicable disease to the ROE (suggested form attached). The documentation cannot be more than 90 days old from date of application. 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 medical certification 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](http://www.i-kan.org/schools)



**ROE #32**

(BBS Fingerprint – School)

\*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth (MM/DD/YYYY): ____/____/____		Social Security Number: ____-____-____		Place of Birth (state):	
Phone Number:			Email Address:		
Driver's License Number:		State of Issuance:		Gender: Male      Female	
Race (Circle): Indian/Alaskan Asian Black Pacific Islander White/Caucasian Hispanic/Latino Unknown/Other	Skin Tone (Circle): Black Dark Brown Light Brown Fair Light Medium Olive	Eye Color (Circle): Black Blue Brown Green Gray Hazel Other	Hair Color (Circle): Bald Black Blonde Brown Gray Sandy Red	Height: ____ ft.    ____ in.  Weight	
Circle if applicable:    Student Teacher    Bus Driver    Contractor					
Position Applying For (if contractor, list the name of your employer): _____					
APPLICANT SIGNATURE AND DATE					
Signature (parent/guardian signature required if under the age of 18):				Date:	

Office Use Only: Bushue Background Screening					
Proof of Identity: DL    State ID    Passport    Birth Certificate    SSC			ORI Number: Regular: IL046E32S		
Technician:	Technician License Number: 249.000_____		TCN:		Purpose Code:
Date of Fingerprint:	Time:	Location:		Payment Amount _____ Payment Type: Cash    M.O    CC _____	



**ROE #32**

**(BBS Fingerprint - School)**

**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 on the following page, 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**

**(BBS Fingerprint - School)**

**AUTHORIZATION FOR CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. In connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, volunteer period, or other affiliation to the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: ("Agency"), Bushue Background Screening, 302 E. Jefferson Avenue, Effingham, IL 62401, telephone number (217) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.bushuebackgroundscreening.com](http://www.bushuebackgroundscreening.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here (only if this applies):

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_(initials).

I authorize End-User and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report.

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



**ROE #32**

**(BBS Fingerprint - School)**

**DISCLOSURE FOR CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

**ROE #32** ("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: \_\_\_\_\_

*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 N.W., 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 N.W., 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 1-888-5-OPTOUT (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, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. 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 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</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, N.W. Washington, DC 20580 (877) 382-4357</p>



## 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 – 2018-19

Your name will be placed on the I-KAN Regional Office of Education region-wide substitute list for the 2018-19 school year, fill out the form below and return it to our office.

**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/schools](http://www.i-kan.org/schools). 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**.

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Please place my name on the I-KAN Regional Office of Education Regional Substitute List for the **2018-19 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.


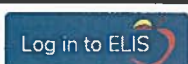
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**For I-KAN ROE Office Use Only**

PEL  SUB  PARA-B, Registered through 20\_\_\_\_\_, DOB \_\_\_\_\_,  BG 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](http://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 your 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 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](mailto: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](mailto: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