



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, 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. After you create an account, then you can apply for a Substitute Teacher License or Short Term Substitute License.
- Submit official transcripts directly from the university Lmcelroy@i-kan.org or Mhamilton@i-kan.org or mail to the I-KAN ROE, 1 Stuart Dr., Kankakee, IL 60901.

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.

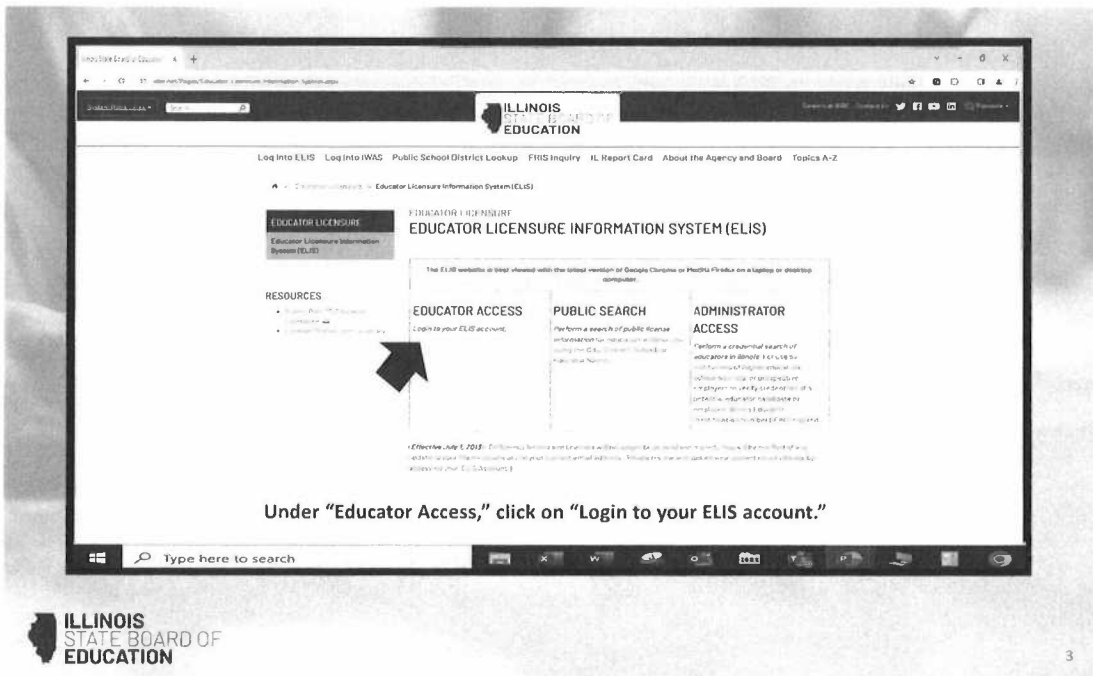
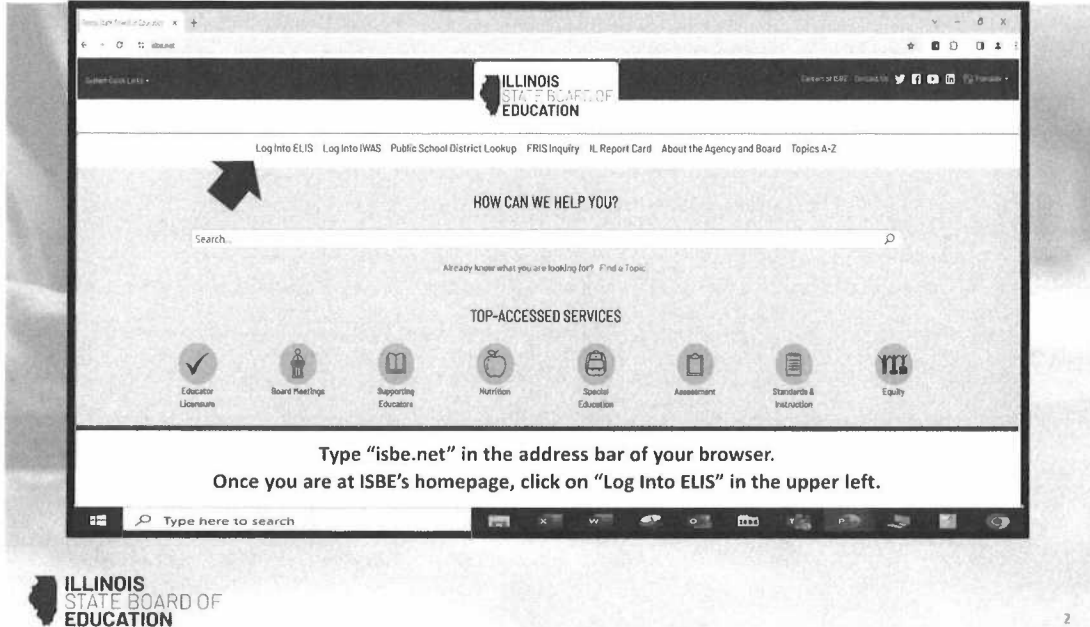
Step 3: Complete the I-KAN ROE 32 Substitute Authorization Packet

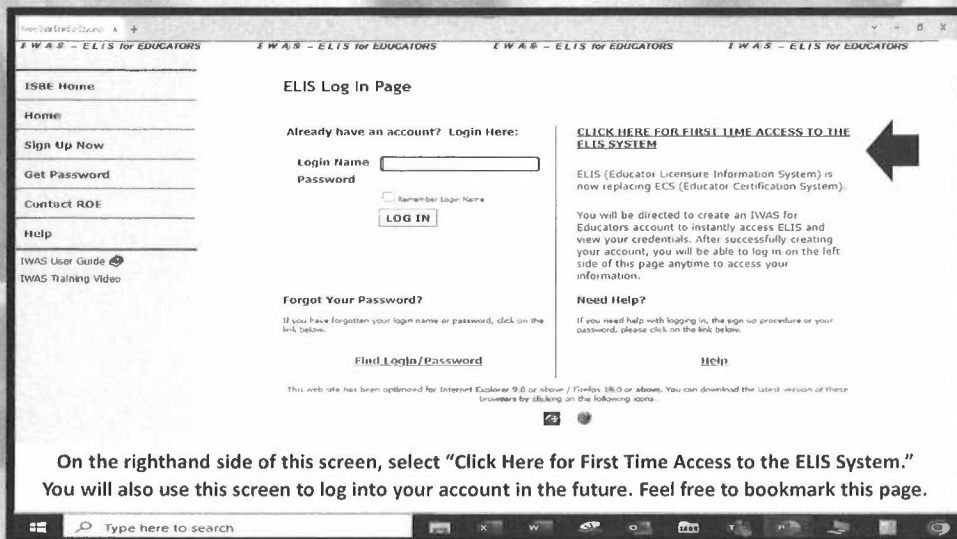
- Provide documentation of a physical from a medical professional. The documentation cannot be more than 90 days old from the date of application. (Suggested physical form attached)
- Schedule a fingerprint appointment with Bushue Background Screening at www.bushuebackgroundscreening.com or call 217-342-3042. Fingerprinting takes place at the I-KAN office, 1 Stuart Dr., Kankakee.
- Cost is \$65 with cash or a check made payable to I-KAN ROE. A QR code is available for credit or debit card transactions.

Step 4: Substitute Teacher Authorization

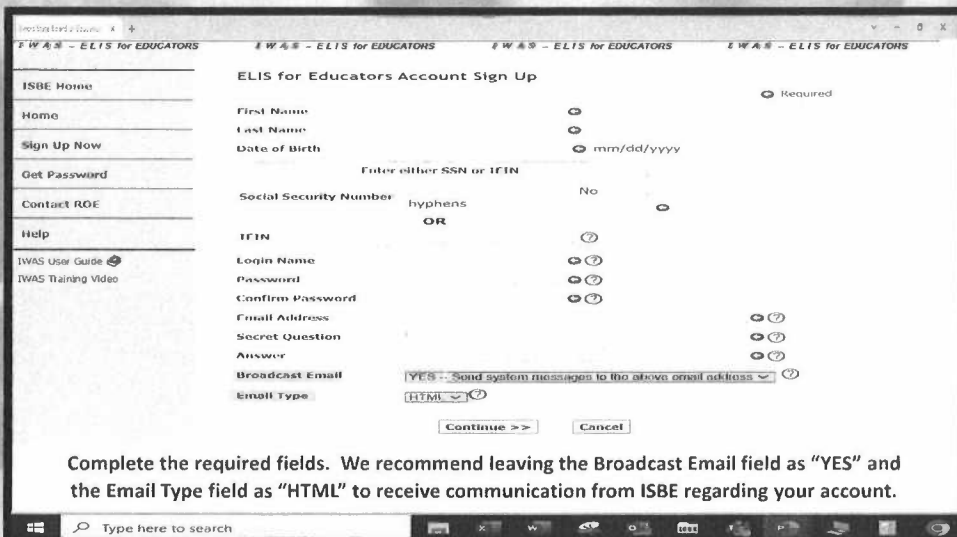
- When all Substitute Authorization Packet paperwork is complete and the results of fingerprinting are received, the Regional Office of Education will finish your substitute teacher authorization packet.
- Substitutes can contact individual school districts they are interested in substitute teaching in. Bring the authorization packet to each district office. Make sure the school district copies the packet and returns your originals to you.
- Substitutes can also sign up to appear on the countywide substitute teacher list.

Creating an ELIS account





On the righthand side of this screen, select "Click Here for First Time Access to the ELIS System." You will also use this screen to log into your account in the future. Feel free to bookmark this page.



Complete the required fields. We recommend leaving the Broadcast Email field as "YES" and the Email Type field as "HTML" to receive communication from ISBE regarding your account.



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: _____



1 Stuart Drive, Kankakee, IL 60901 | phone 815-937-2950 | fax 815-937-2921

IROQUOIS-KANKAKEE REGIONAL SUBSTITUTE FORM

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

The I-KAN Regional Office of Education recommends you contact the individual districts you are most interested in substitute teaching at. The districts will have additional requirements.

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. The cost for a re-printed packet is a \$5.00 charge.

Place my name on the I-KAN Regional Office of Education Regional Substitute List for the **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:

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