



JODI L. SCOTT
Regional Superintendent of Schools

LORI LOVING
Asst. Regional Superintendent of Schools

OBTAINING A SUBSTITUTE TEACHER LICENSE

A substitute teaching license may be issued to an individual who holds a Bachelor's degree or higher from a regionally accredited institution of higher learning.

Step 1: Create an Educator Licensure Information System (ELIS) account (see screenshot tutorial in packet).

Step 2: Submit an application in ELIS. An application fee (plus a processing fee) will be assessed electronically when the application is submitted. You will need a debit/credit card to complete this step.

Step 3: Request official college transcript(s) be sent to the Regional Office of Education. NOTE: Make every effort to have them sent electronically to Brittany Stegall at bstegall@roe33.net as that will expedite the process of obtaining a license. Mailed transcripts may be sent to the address listed below:

Regional Office of Education #33
Attn: Jodi Forrester
105 North E Street, Suite 1
Monmouth, IL 61462

NOTE: If you have recently graduated, you will want to be sure when ordering that you select to wait to send until your degree line has been added to the transcript.

Step 4: Complete forms included in this packet. Applicant must complete a fingerprint background check. Schedule an appointment by calling the ROE. The cost of the background check is \$50.

- Physical Form (may have occurred within the last 3 months)
- Criminal History Records Check Request and Release/Fee Applicant Form (*complete at appointment*)
- School Request Form

Step 5: Register your license in ELIS. A registration fee will be assessed electronically when the registration is completed. You will need a debit/credit card to complete this step. You will register your license in ROE #33, Henderson/Knox/Mercer/Warren Counties. The license is valid for five years and may be renewed.

Substitute Registration Fee Refund:

Applicants may be eligible for a reimbursement for the cost of the registration fee. The requirements are:

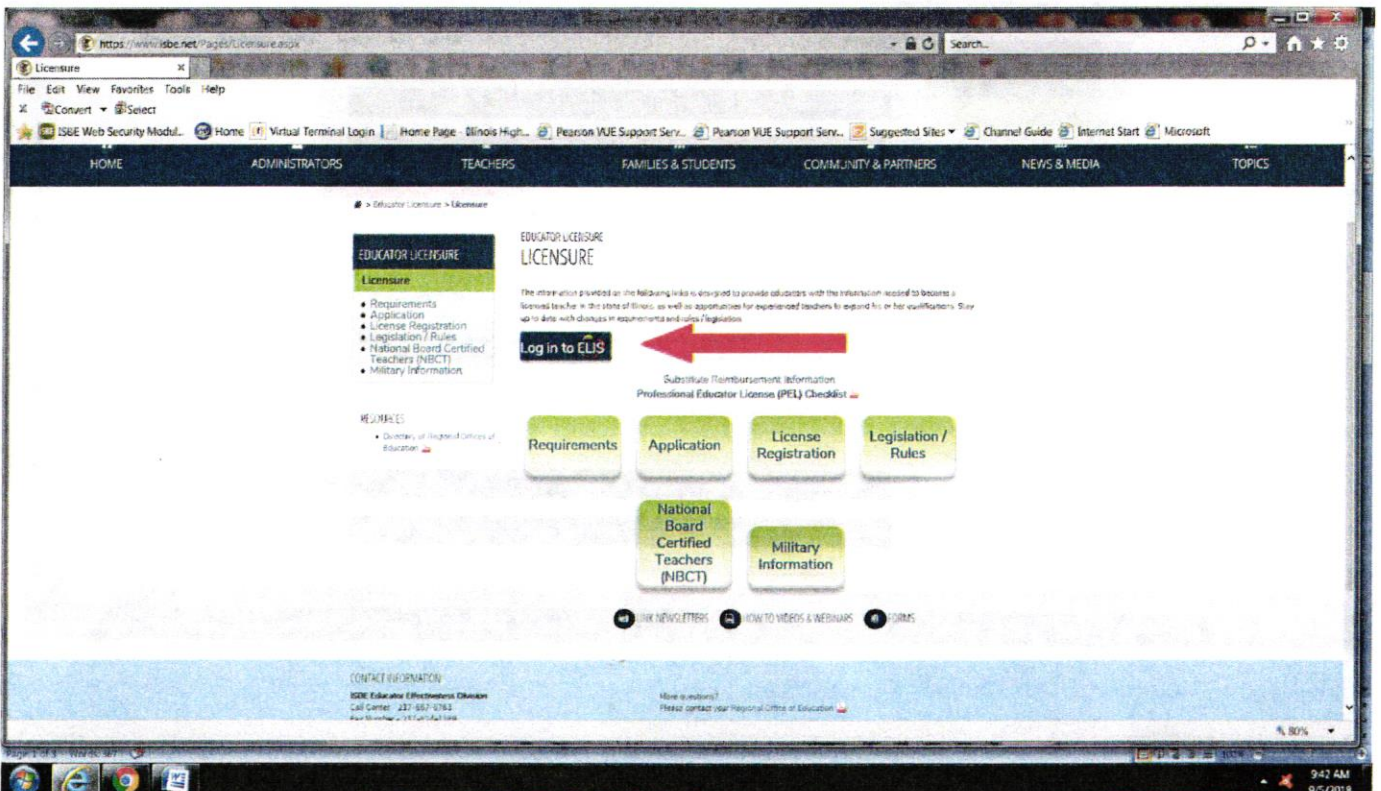
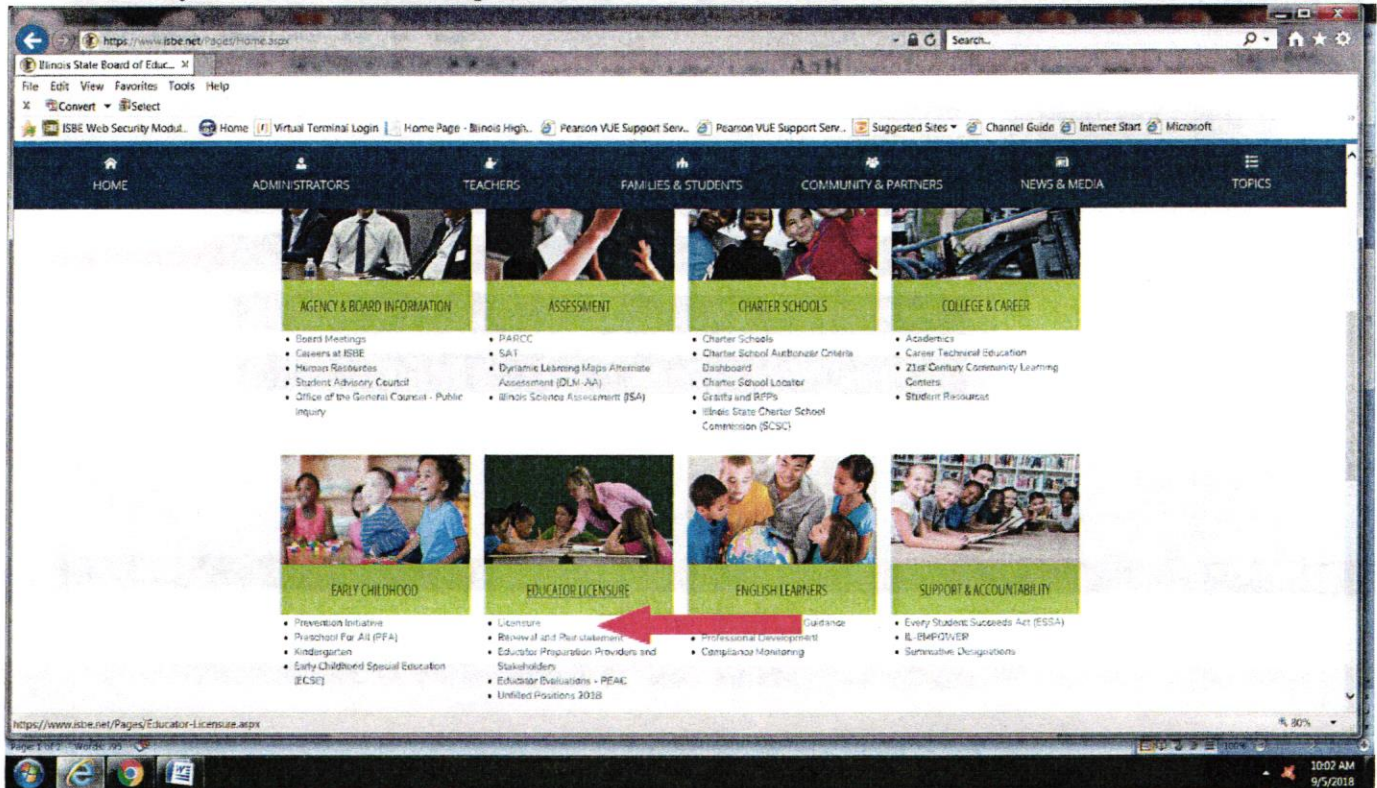
- Must have worked 10 full school days within one year of the issuance date of the license.
- Must apply for the reimbursement within 18 months of the issuance date of the license.

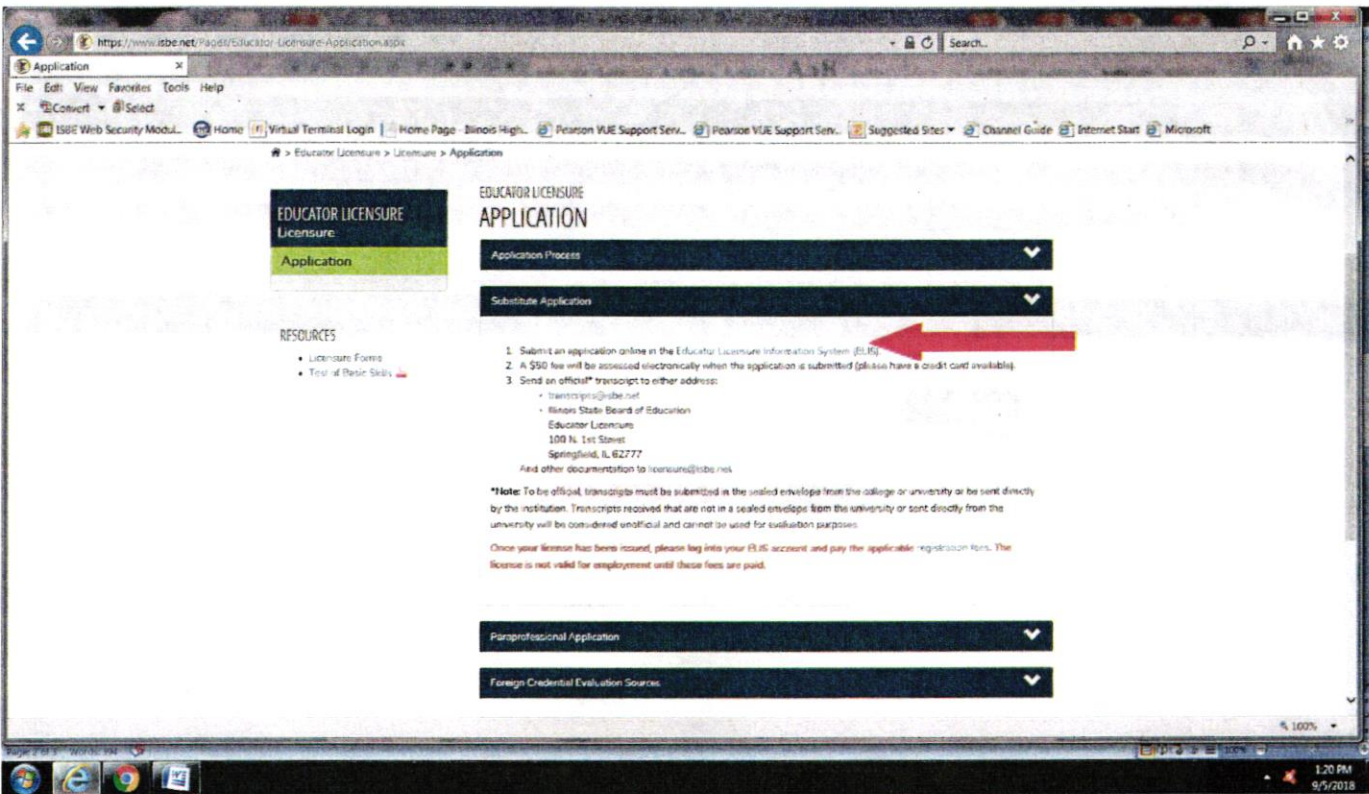
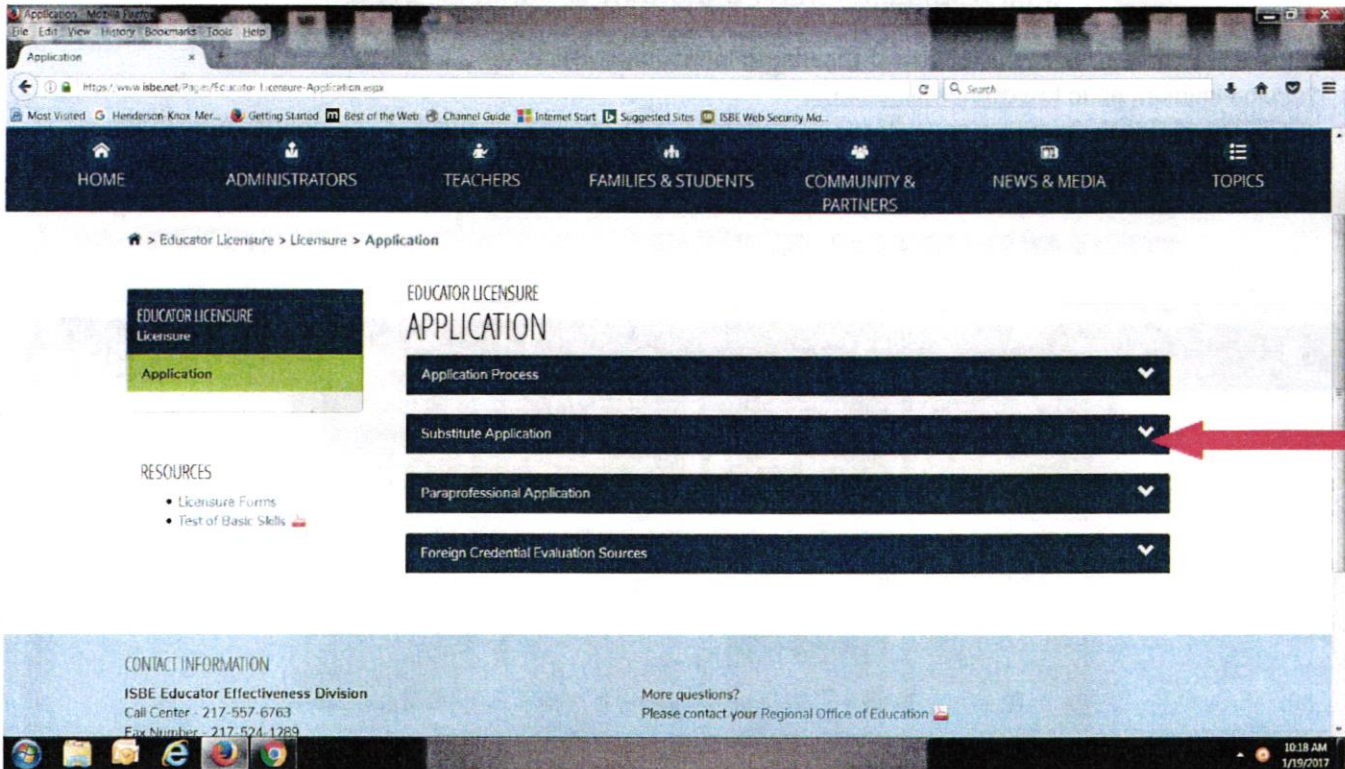
If you meet these requirements, please complete ISBE form 73-02: Substitute License Fee Refund Request in your substitute license packet. **This form must be returned to ISBE by the school or district officials.** Forms submitted by the applicant or the ROE will not be honored.

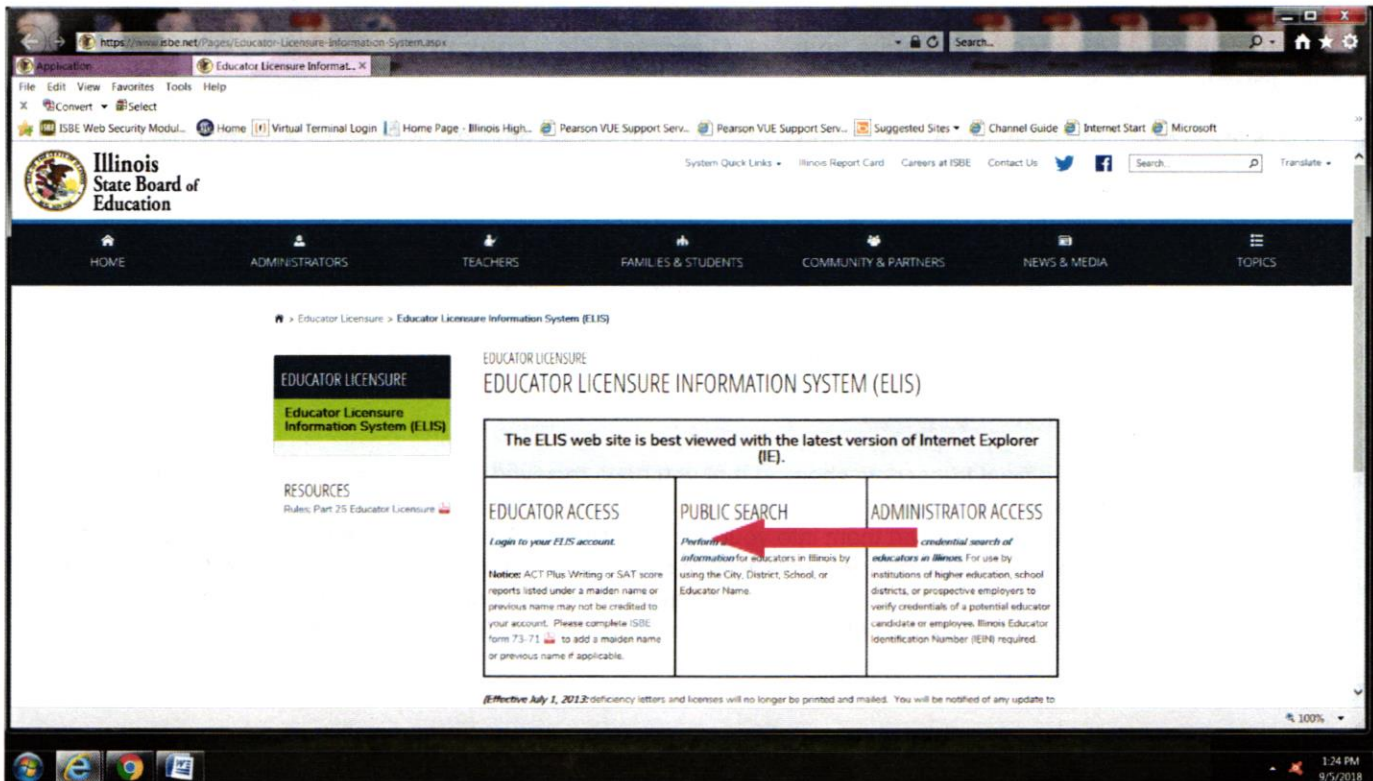
Online Application for a Substitute Educator License

If you are a first time user of the Educator Licensing Information System:

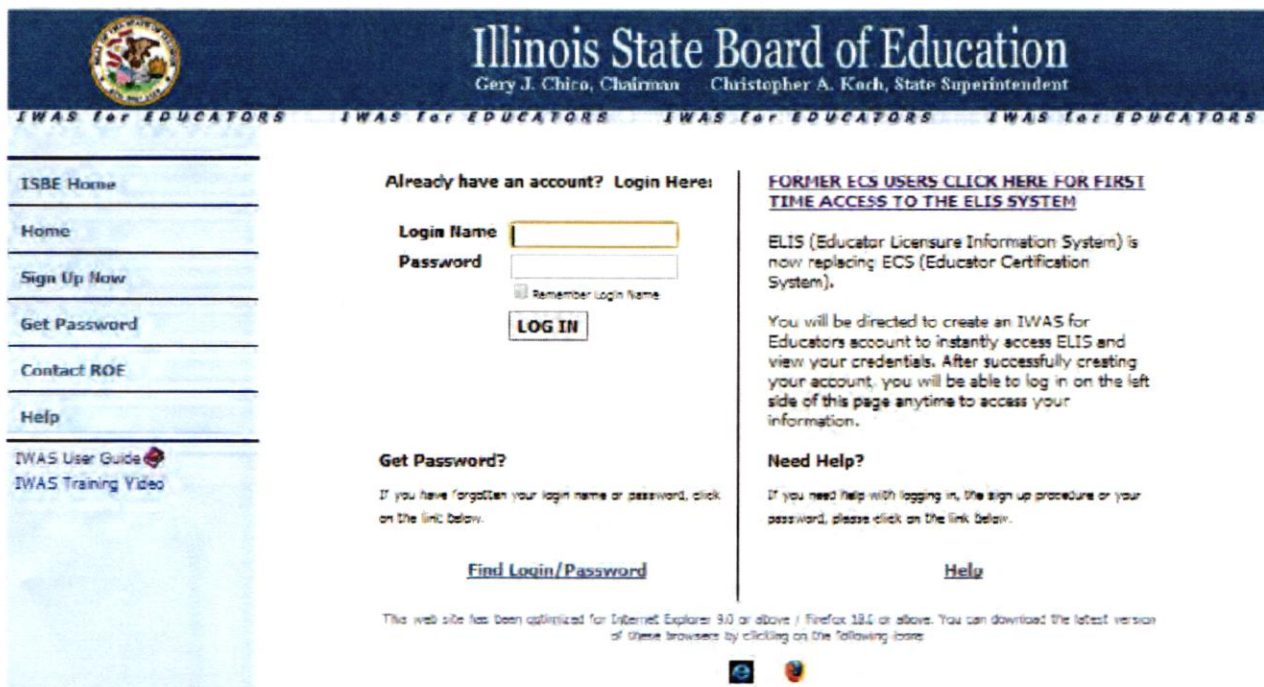
1. On the internet, go to <http://www.isbe.net>
2. Halfway down the page you will see the Educator Licensure Information. The red arrows indicate where you should click. Example click on the word Licensure.







Click on the **Former ECS Users Click Here for Access to the ELIS System** link and create a log in and password



After you have set up an account (entering your name, address, etc.), you can now apply for your substitute license (SUB).

1. Follow the screen prompts in the **Application Wizard** to complete the process. Make sure all information is accurate on each screen before you click 'Next'
2. You will be prompted to answer a series of legal questions.
3. You will need a credit or debit card to pay the **License Application fee of approximately \$50.**
4. You will have an opportunity to review and edit information before you submit the application
5. Your license will go into **Pending Review** status
6. Have your college send official transcripts showing that you have received a BA to the Illinois State Board of Education or you can have your college transmit electronically to the ROE a set of your official transcripts to bstegall@roe33.net and we will upload them into your account. **NOTE: Please make every attempt to have the transcripts sent to the ROE to ensure you receive your license in a timely manner. Sending them to ISBE will add weeks onto the licensure process.** You can also have your official transcripts mailed to our office for uploading as well: **Regional Office of Education Attn: Jodi Forrester, 105 North E St., Suite 1, Monmouth, IL 61462**
7. When ISBE issues your license you will be sent an email notification and a reminder to register your new license.

License Registration:

1. On your **ELIS Home Page** click on **Registration** in the **Action Center Box.**
2. Follow the screen prompts in the **Registration Wizard** to complete the process
3. You will need a credit or debit card to pay the License Registration fee of **approximately \$50.**
4. Select Henderson/Knox/Mercer/Warren from the dropdown box on the registration question.

View and Print your Credentials:

1. On your **ELIS Home Page** click on **View Your Credentials**
2. Print the Credentials page
3. ISBE will not send you a printed license.



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SUBSTITUTE TEACHER MEDICAL INFORMATION

<u>Last Name:</u>	<u>First Name:</u>	<u>SS # or IEIN #:</u>

PHYSICIAN'S VERIFICATION OF GOOD HEALTH

Section 24-5 of the School Code states in part--"School boards shall require of new employees' evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis presentation to the board, and the cost of such examination shall rest with the employee."

PHYSICIAN'S VERIFICATION

I have determined that the above-named applicant is able to perform the essential functions and duties of the position of **substitute teacher** with reasonable accommodations and that he/she is free of communicable diseases.

DATE: _____

Physicians Name: _____ Physicians Address: _____

Physicians Signature: _____ City, State, Zip: _____

Tuberculosis tests are required for substitutes working in a Pre-K classroom.

TUBERCULOSIS SKIN TEST

TEST GIVEN ON: _____

DATE READ: _____

READING: _____ RESULTS (Circle One): **NEGATIVE** **POSITIVE**

PHYSICIANS NAME PRINTED: _____

PHYSICIANS SIGNATURE: _____

Please return to: **Regional Office of Education**
105 North E St., Suite 1
Monmouth, IL 61462
Fax: 309-715-7336 or
Email: jforrester@roe33.net



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SCHOOL REQUEST FORM

Please check the school district(s) in which you wish to substitute:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abingdon-Avon | <input type="checkbox"/> Monmouth-Roseville | <input type="checkbox"/> Williamsfield |
| <input type="checkbox"/> Galesburg | <input type="checkbox"/> ROWVA | <input type="checkbox"/> RAES East (Galesburg) |
| <input type="checkbox"/> Knoxville | <input type="checkbox"/> United | <input type="checkbox"/> RAES West (Monmouth) |
| <input type="checkbox"/> Mercer County | <input type="checkbox"/> West Central | |

Adult Education Courses

- | | | |
|--|------------------------------|--------------------------------|
| <input type="checkbox"/> Monmouth Adult Education | <input type="checkbox"/> Day | <input type="checkbox"/> Night |
| <input type="checkbox"/> Galesburg Adult Education | <input type="checkbox"/> Day | <input type="checkbox"/> Night |
| <input type="checkbox"/> Monmouth ESL* | <input type="checkbox"/> Day | <input type="checkbox"/> Night |
| <input type="checkbox"/> Galesburg ESL* | <input type="checkbox"/> Day | <input type="checkbox"/> Night |

*English as a Second Language

Name: _____ Email: _____

Address: _____ Phone: _____

City, State, Zip: _____

Check the grade levels/areas you are willing to substitute for:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-K/Early Childhood – must have TB test | <input type="checkbox"/> 4 th | <input type="checkbox"/> 10 th |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 5 th | <input type="checkbox"/> 11 th |
| <input type="checkbox"/> 1 st | <input type="checkbox"/> 6 th | <input type="checkbox"/> 12 th |
| <input type="checkbox"/> 2 nd | <input type="checkbox"/> 7 th | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> 3 rd | <input type="checkbox"/> 8 th | <input type="checkbox"/> Paraprofessional |
| | <input type="checkbox"/> 9 th | |

List special instructions, i.e., days you are not available to work, or schools you don't wish, etc.:

I understand that it is my responsibility to keep my contact information updated with the Regional Office of Education to ensure my information is correct on the ROE #33 Sub List. I also understand that my information being included on the Sub List does not guarantee employment, and that any employment that does occur will be directly with the individual school districts. I will not be hired or compensated by the Regional Office of Education #33.

Printed Name

Signature

Date



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. **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 on the following license within one year of issuance of the license:

- Substitute License for _____ Days
- Short Term Substitute License for _____ Days

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