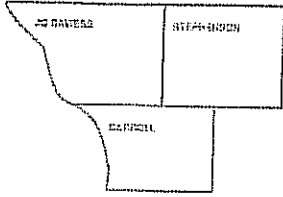


REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES



MARIE STIEFEL

REGIONAL SUPERINTENDENT

mstiefel@roe08.k12.il.us

AARON MERCIER

ASSISTANT SUPERINTENDENT

amercier@roe08.k12.il.us

OFFICE:
500 N. RUSH STREET
STOCKTON, IL 61085
(815) 947-3810
FAX: 947-2717
<http://www.roe8.com>

TO APPLY FOR A SUBSTITUTE TEACHING CERTIFICATE:

1) You must submit official transcripts with college seal and signature, showing degree(s) earned. *The transcripts must be original and submitted in the sealed envelope issued by the college/university to be official.*

2) Complete and return the following forms included in this packet:

BLUE REGISTRATION form - indicate which district(s) you want to substitute teach in.

APPLICATION FOR CERTIFICATE form.

TEACHERS' RETIREMENT SYSTEM form.

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS form.

FINGERPRINTING/NAME BASED SCHOOL INQUIRY CRIMINAL HISTORY CONVICTION INFORMATION form - after your application packet and fee have been received by the Regional Office, you will be sent a letter giving you the information/contact number to assist you in making arrangements to meet the statutory requirement that all school employees must be fingerprinted.

3) The Illinois School Code (see reference on back of this page) requires you to submit evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis. Therefore, you will need to submit a copy of a physical examination (employment physical) and results from a TB test completed within 90 days of applying for your substitute teaching certificate. If you do not submit this information within 60 days of application, your name will be removed from the active sub list provided to the school district(s). The cost of the physical and TB test will be at your expense. Forms will be available at the physician's office or health department.

We have included a list of clinics and health departments in the area for reference. We are not recommending any one agency over another and you are not required to use an agency on this list. In order to keep the costs minimal, you may wish to have a physical done through a clinic and have your TB test done through a health department.

4) Remit personal check for \$50.00, payable to Regional Superintendent, to cover transcript evaluation and registration fees for your certificate.

If you should have any questions, please do not hesitate to contact the office at (815) 947-3810.

All of the above should be sent to: MARIE STIEFEL, REGIONAL SUPERINTENDENT
CARROLL, JO DAVIESS & STEPHENSON COUNTIES
500 N. RUSH STREET, STOCKTON, IL 61085

SERVING

CHADWICK-MILLEDGEVILLE DAKOTA EAST DUBUQUE EASTLAND FREEPORT GALENA LENA-WINSLOW
ORANGEVILLE PEARL CITY RIVER RIDGE SCALES MOUND STOCKTON WARREN WEST CARROLL

§ 105 ILCS 5/24-5. Physical fitness and professional growth

Sec. 24-5. Physical fitness and professional growth. School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis. Such evidence shall consist of a physical examination and a tuberculin skin test and, if appropriate, an x-ray, made by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician not more than 90 days preceding time of presentation to the board and cost of such examination shall rest with the employee. The board may

(Source: P.A. 78-344; 94-350, § 5.)

PLEASE CALL IN ADVANCE TO SET UP AN APPOINTMENT AT ANY OF THE FOLLOWING LOCATIONS

COSTS ARE SUBJECT TO CHANGE AT ANY TIME

TUBERCULIN TESTS ARE GIVEN AT THE FOLLOWING LOCATIONS

<u>AGENCY</u>	<u>PHONE</u>	<u>CONTACT PERSON</u>	<u>COST</u>
Carroll County Health Department	815-244-8855		\$8.00
Jo Daviess County Health Department	815-777-0263		Free
Stephenson County Health Department	815-235-8271	Ask for Becky Taylor	Free for Stephenson County residents / \$10.00 for all others

EMPLOYMENT PHYSICALS AND TUBERCULIN TESTS ARE GIVEN AT THE FOLLOWING LOCATIONS

<u>AGENCY</u>	<u>PHONE NUMBER</u>	<u>CONTACT PERSON</u>	<u>ADDITIONAL INFORMATION</u>	<u>COST Employment Physical</u>	<u>COST Tuberculin Test</u>
Monroe Clinic – all branches	608-324-2160	Deanna or Terri	Request an Employment Physical and that you will be paying for this directly, not an employer.	Approximately \$54.00	Approximately \$11.00
Freeport Health Network (FHN)	815-599-7880 or contact your local office directly		Request an Employment Physical. Payment is required at time of service.	Approximately \$60	Approximately \$30.00

Receipt No. _____

School Year _____

Date _____

**CERTIFICATE REGISTRATION
REGIONAL OFFICE OF EDUCATION
MARIE STIEFEL, REGIONAL SUPERINTENDENT**

NAME: _____
Last First Middle (Maiden) Home Telephone

ADDRESS: _____
Street City State Zip Code

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

CERTIFICATE RECORD

	Certificate Type	Number	Date of Issuance	County of Issuance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

LAST REGISTRATION: _____
Date County

EMPLOYMENT RECORD: To be completed only if you are currently under contract or will be for the coming school year.

_____ District Building Grade/Subject

SUBSTITUTES: Please complete this section if you would like to do substitute teaching in the schools of Carroll, Jo Daviess and Stephenson Counties.

Grades or Subject Area: _____

Please check the school districts where you would like to substitute.

- Chadwick/Milledgeville _____ Dakota _____ East Dubuque _____
- Eastland (Lanark/Shannon) _____ Freeport _____ Galena _____
- Jo Daviess-Carroll AVC _____ Lena-Winslow _____ Orangeville _____
- Pearl City _____ River Ridge (Elizabeth/Hanover) _____ Scales Mound _____
- Stockton _____ Warren _____ West Carroll (Mt. Carroll/Savanna/Thomson) _____

ILLINOIS STATE BOARD OF EDUCATION
 Educator Certification Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001

APPLICATION FOR TEACHING CERTIFICATE

Directions: Please print or type. Return this form and the required \$30 fee to your regional superintendent. Consult with your regional superintendent regarding the type of payment accepted. Chicago residents should mail the application and a money order or certified check made payable to the State Superintendent of Education to the address above. This fee is not refundable or transferable.

PRINT NAME (Last, First, Middle, Maiden)		SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
HOME ADDRESS (Street, City, State, Zip Code)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL
		TELEPHONE (Include Area Code) Home	TELEPHONE (Include Area Code) Work

U.S. CITIZEN Yes No
 Applicants who are not US citizens must provide proof of legal presence and eligibility for employment. They must also file form 73-91, "Notice of Intent to Become a United States Citizen."

(APPLICANT MUST SIGN AND DATE THIS SECTION) (DO NOT SIGN HERE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?	Signature Required I certify, under penalty of perjury, that I do not have a child support order, or that I am not more than 30 days delinquent in complying with a child support order. I understand that I must sign this statement, whether or not I have children and failure to so certify may result in disciplinary action and making a false statement may subject me to contempt of court. A written explanation is required for those unable to complete this certification. _____ Signature of Applicant _____ Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department's satisfaction?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?	

If you previously held an Illinois Certificate, give the Type _____ Number _____

				ISBE CERTIFICATION OFFICE USE ONLY			
NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID
				DATE CERTIFICATE ISSUED			
				CERTIFICATE NUMBER			

THIS APPLICATION MAY BE USED TO REQUEST ONLY ONE CERTIFICATE

	Initial	Standard	Resident Teacher (Approved Programs Only)	
Early Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Substitute (K-12)
Elementary (K-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provisional Vocational Occupational Field
Secondary (5-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (Vocational Subject to Be Taught)
I am applying for a Special K-12 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transitional Bilingual
Endorsement area _____ (One Endorsement per Application)				_____ (Languages)
<input type="checkbox"/> Supervisory endorsement				<input type="checkbox"/> Part-Time Provisional
A special certificate may be issued as a single certificate or split to obtain an elementary and a secondary certificate. For information about the difference go to www.isbe.net/certification/pdf/7303C_expl.pdf				_____ (Subject Taught)

I do hereby affirm that the information provided above and the credentials, including transcripts and other supporting documents, are true, correct and complete.
 NOTE: Applicants who knowingly alter or misrepresent their qualifications in order to obtain a certificate shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.

Signature of Applicant _____ Date _____ Signature of Requesting Illinois Regional Superintendent _____ Date _____

Signature of District Superintendent required if application is being made for a Part-Time Provisional or a Provisional Vocational Certificate. Applications for a Provisional Vocational Certificate also require ISBE Form 73-23.

Telephone (include Area Code) _____ District Name and Number _____ Signature of Hiring District Superintendent or Board Secretary _____

To be completed by Illinois Teacher Education Institution if certificate is to be issued by entitlement. Ignore this section of the form if certification by evaluation (individual applies directly) is requested.

As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above-named applicant has completed all requirements of the certification statutes and relevant rules and regulations and has successfully completed an approved program leading to the certification and endorsement for which the applicant is recommended.

_____ Institution Submitting Application

Signature of Authorized Official and Seal of Institution _____ Date _____

REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES

500 N. Rush Street Stockton, IL 61085

Phone: (815) 947-3810 Fax: (815) 947-2717

NAME: _____

ADDRESS: _____ TELEPHONE: _____

_____ DATE OF BIRTH: _____

EMPLOYEE HEALTH EXAMINATION

I hereby certify that the above named person meets the requirements of physical fitness and is free of communicable diseases.

Date of Exam: _____

Name/Address of Clinic/Office: _____

Name of Physician/Physician Assistant: _____

Signature of Physician/Physician Assistant: _____

TUBERCULIN SKIN TEST

Date Test Given: _____ Date Read: _____

Test Results: (circle one) Negative Positive

Name/Address of Physician/Physician Assistant and Clinic/Office: _____

Signature of Physician/Physician Assistant: _____

Pat Quinn
Governor



Erwin McEwen
Director

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 1/2009

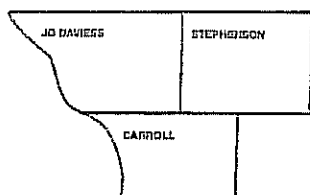
Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES



MARIE STIEFEL
REGIONAL SUPERINTENDENT
mstiefel@roe08.k12.il.us

AARON MERCIER
ASSISTANT SUPERINTENDENT
amercier@roe08.k12.il.us

OFFICE
500 N. RUSH STREET
STOCKTON, IL 61085
(815) 947-3810
FAX: 847-2717
<http://www.roe8.com>

TO: Substitute Teacher Applicant

FROM: *ms* Marie Stiefel, Regional Superintendent

RE: Teacher Retirement System of IL – Enrollment Form

All substitute teachers are required to participate in the Teachers' Retirement System of Illinois.

In order to complete your enrollment in TRS, you will need to go online and complete the enrollment form. Once you have filled in the form, you will need to print the form and sign and date where indicated. Please mail the completed, signed form to the Regional Office at the address above, along with the rest of the application papers and the required fee.

The link to the form is:

<http://trs.illinois.gov/subsections/members/forms/mibd.pdf>

If you have any questions, or cannot print the form, please contact the Regional Office at 815-947-3810.

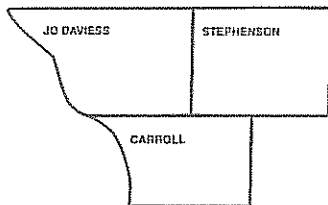
Thank you.

____SERVING____

CHADWICK-MILLEDGEVILLE DAKOTA EAST DUBUQUE EASTLAND FREEPORT GALENA LENA-WINSLOW
ORANGEVILLE PEARL CITY RIVER RIDGE SCALES MOUND STOCKTON WARREN WEST CARROLL

REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES



MARIE STIEFEL
REGIONAL SUPERINTENDENT
mstiefel@roe08.k12.il.us

AARON MERCIER
ASSISTANT SUPERINTENDENT
amercier@roe08.k12.il.us

OFFICE
500 N. RUSH STREET
STOCKTON, IL 61085
(815) 947-3810
FAX: 947-2717
http://www.roe8.com

FINGERPRINTING / NAME BASED SCHOOL INQUIRY CRIMINAL HISTORY CONVICTION INFORMATION

PLEASE
NOTE:

After your application packet and fee have been received by the Regional Office, you will be sent a letter giving you the information/contact number to assist you in making arrangements to meet the statutory requirement that all school employees must be fingerprinted.

Form must be returned to the ROE. Do not go directly to the agency until you receive the 2nd letter from us.

1. Indicate which agency you prefer to be fingerprinted through:

Carroll County
Sheriff's Department

Stewart & Associates Inc.
Freeport, Rockford or Sterling

2. Please enter the following information necessary to complete the fingerprinting card: (Please Print)

Last Name _____ First Name _____ Middle Name _____

Maiden Name
Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Drivers License # _____

Race _____ Drivers License State _____

Sex _____ Social Security Number _____

Height _____ Hair Color _____

Weight _____ Eye Color _____

Place of Birth _____

Home Address: _____

Email Address: _____

Signature _____

Date _____

SERVING

CHADWICK-MILLEDGEVILLE DAKOTA EAST DUBUQUE EASTLAND FREEPORT GALENA LENA-WINSLOW
ORANGEVILLE PEARL CITY RIVER RIDGE SCALES MOUND STOCKTON WARREN WEST CARROLL