

<u>SUBSTITUTE TEACHING – No Illinois License</u>

To apply for a Substitute License, you must:

- Submit Official Transcripts showing at least a bachelor's degree to the Regional Office.
 - sealed envelope by the college <u>OR</u>
 - eSCRIPT from the college to Chris Coy at: ccoy@roe8.com
- Apply online thru ELIS instructions are included
- Pay a \$50 application fee online at the time of application
- Pay a \$60 registration fee online once the license is issued

Please complete and return the following:

- Substitute Registration form
- Background Check Authorization form
- Fingerprint Vendor Selection form
 - o All fingerprint fees are paid by the Educator.
 - Submit a personal check made out to ROE8 for the fee indicated.
 - Once fees are received an instruction letter will be sent with information you will need to set up an appointment.
- Employee Health Examination
- DCFS Mandated Reporter System form
- Teachers' Retirement System form

Please note the following:

Do **NOT** go directly to the selected agency to be fingerprinted; please wait for an instructional letter from the ROE to be sent to you.

Effective July 1, 2011 individuals applying to work as a substitute teacher must pay the cost of their criminal background investigation

If removed from the list for a period of one year or more, individuals will be required to be re-fingerprinted and provide an updated health examination.

Darren Reisberg, Chair of the Board Dr. Carmen I. Ayala, State Superintendent of Education



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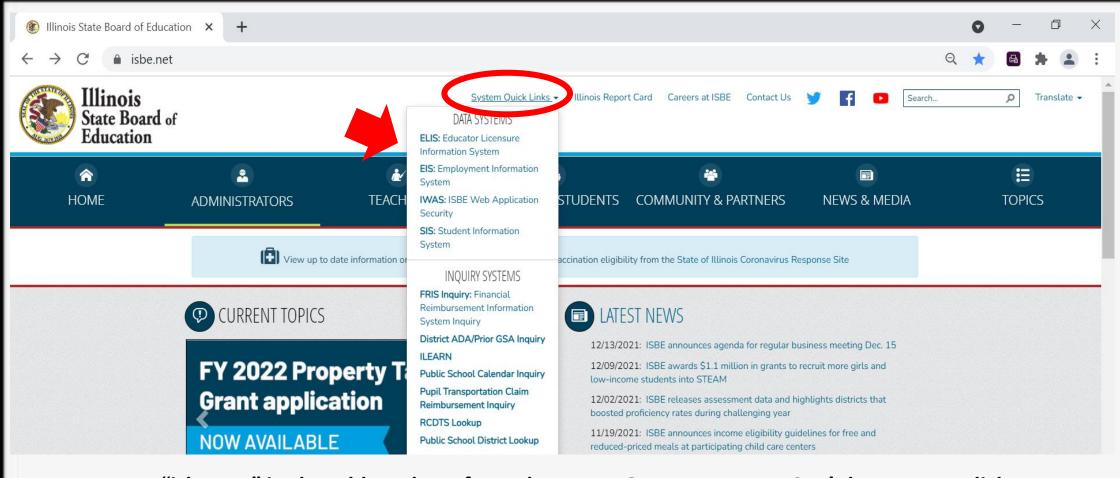
Professional Development

TCIS History

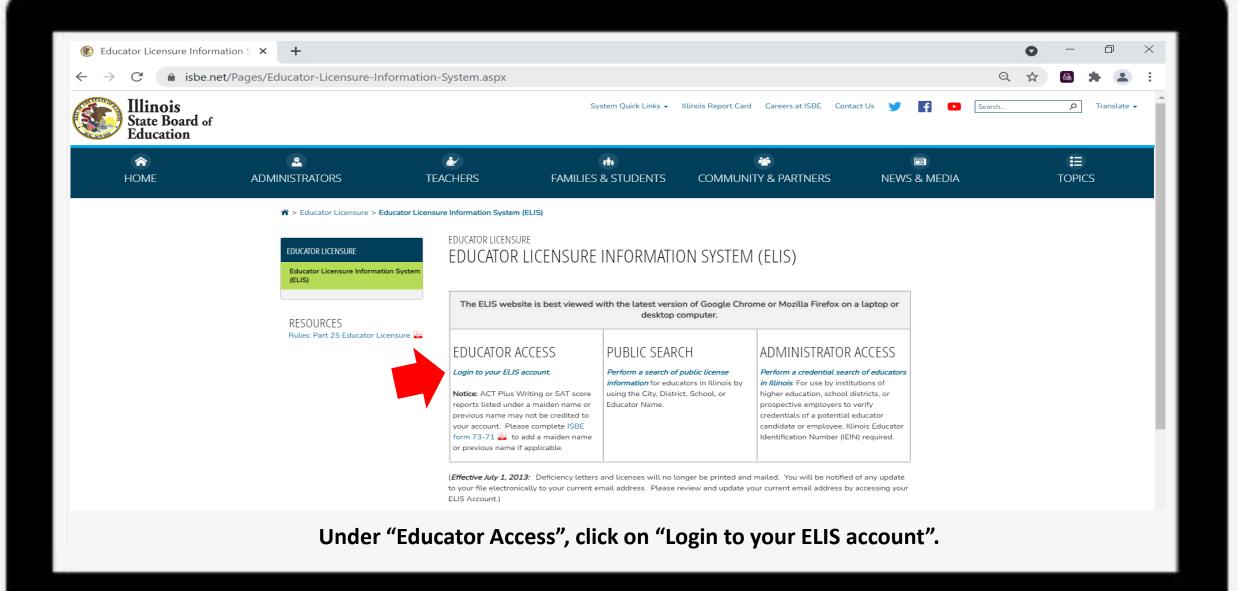
How To Create An ELIS Account

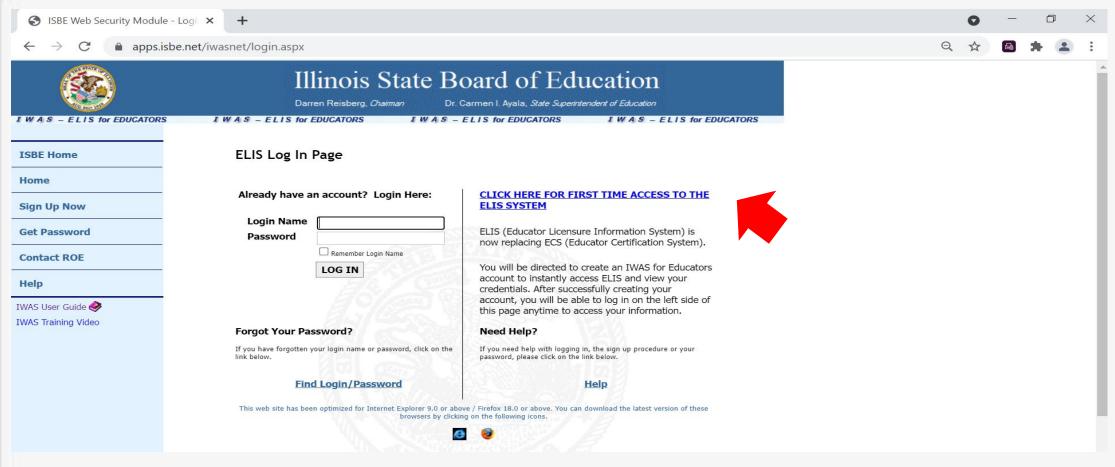
(Educator Licensure Information System)

Handheld devices, tablets and Macs are not compatible with our system. Please make sure you are using a desktop or laptop computer for the most optimal experience.

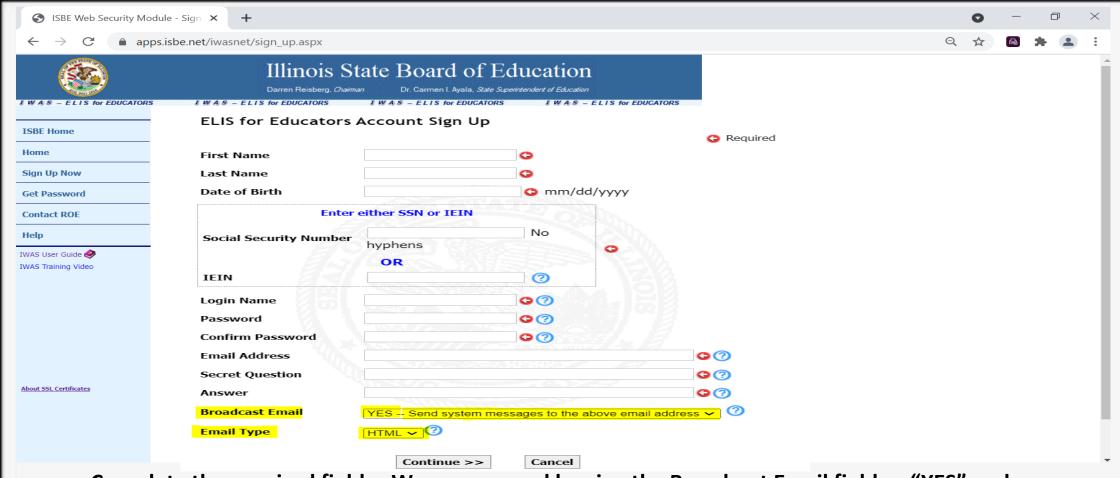


Type "isbe.net" in the address bar of your browser. Once you are at ISBE's homepage, click on "System Quick Links" and select "ELIS: Educator licensure Information System" from the dropdown menu.

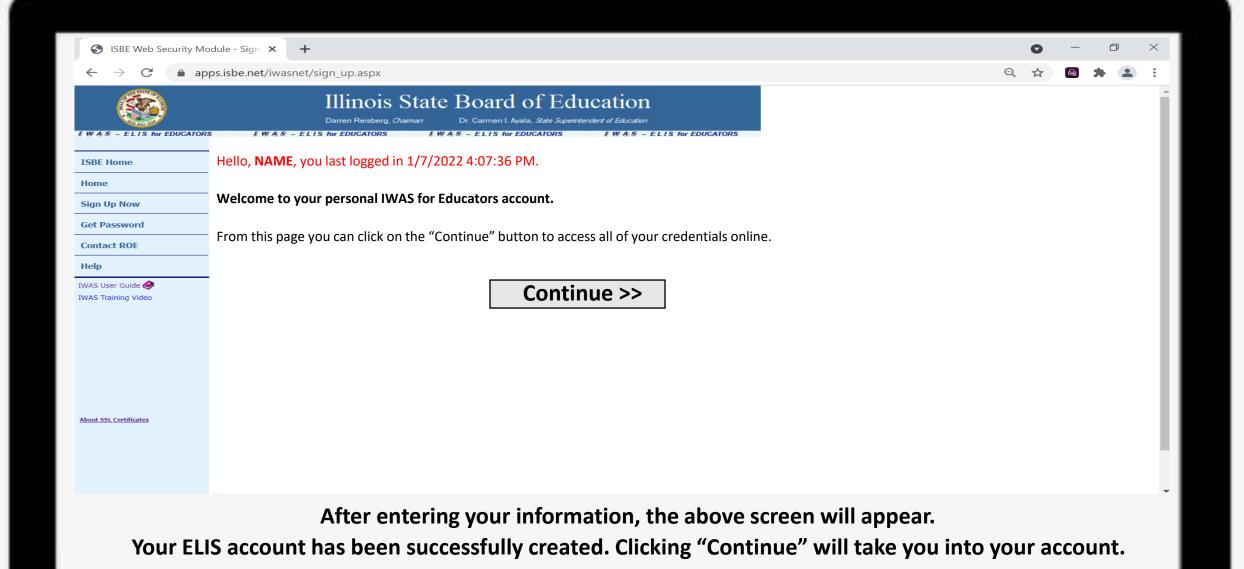




On the righthand side of this screen, select "Click Here for First Time Access to the ELIS System." You will also use this screen to log into your account in the future. Feel free to bookmark this page.



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.





ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I,	, understand that when I am employed as a
(Employee Name)	
	, I will become a mandated reporter under the
report to be made to the child abuse and neg whenever I have reasonable cause to believe that	SILCS 5/4]. This means that I am required to report or cause a glect Hotline number at 1-800-25-ABUSE (1-800-252-2873) at a child known to me in my professional or official capacity here is no charge when calling the Hotline number and that the ek, 365 days per year.
recognizing and reporting child abuse/negled	reporters understand their critical role in protecting children by ct, DCFS administers an online training course entitled raining for Mandated Reporters, available 24 hours a day,
grounds for failure to report suspected child abu	of communication between me and my patient or client is not se or neglect, I know that if I willfully fail to report suspected a Class A misdemeanor. This does not apply to physicians who iplinary Board for action.
Nursing Act of 1987, the Medical Practice Act of Acupuncture Practice Act, the Illinois Optometre Physician Assistants Practice Act of 1987, the Policiensing Act, the Clinical Social Work and Social the Dietetic and Nutrition Services Practice Practice Act, the Respiratory Care Practice Act, the	ing under, but not limited to, the following acts: the Illinois of 1987, the Illinois Dental Practice Act, the School Code, the ic Practice Act of 1987, the Illinois Physical Therapy Act, the odiatric Medical Practice Act of 1987, the Clinical Psychologist ocial Work Practice Act, the Illinois Athletic Trainers Practice Act, the Marriage and Family Therapy Act, the Naprapathic the Professional Counselor and Clinical Professional Counselor hology and Audiology Practice Act, I may be subject to license out suspected child abuse or neglect.
I affirm that I have read this statement and have which apply to me under the Abused and Neglect	e knowledge and understanding of the reporting requirements, ted Child Reporting Act.
	Signature of Applicant/Employee
CANTS 22 Rev. 5/2019	Date

Office of the Director 406 E. Monroe Street • Springfield, Illinois 62701 www.DCFS.illinois.gov



SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district, including persons who or firms holding contracts with the district who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check and a check of criminal databases to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

- I authorize the Regional Office of Education 08 to check for my name on the Statewide Illinois Sex Offender Database.
- I further authorize the Regional Office of Education 08 to check for my name on the Illinois State Police Murderer and Violent Offender Against Youth Registry.
- If I reside out of state I authorize the Regional Office of Education to check for my name on that State's data base(s) for Sex Offenders, Murderer and Violent Crimes Against Youth.

I understand that conviction on any of the enumerated offenses or the presence of my name on any of these reports will exclude me from substitute teaching in ROE 08 schools and could result in the suspension, revocation, or surrender of my teaching license(s).

I understand the Regional Superintendent shall share criminal history reports with the Superintendent of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Licensure Board. I further understand that a copy of the criminal history check shall be provided to me.

I understand that I am responsible for the payment of the cost of the criminal history check.

I understand that I will not be added to the ROE 08 Substitute Teacher listing until the Regional Office receives my background check results from the Illinois State Police and the Federal Bureau of Investigation and my Employee Health Examination form.

I understand that having my name placed on the ROE 08 Substitute Teacher listing does not guarantee that I will be hired as a Substitute Teacher.

NAME		
SIGNATURE	DATE	



ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	DATE OF BIR	TH:
The <u>Illinois School Code</u> , in 105 ILCS 5, employees evidence of physical fitness a consist of a physical examination made than 90 days preceding time of the present health examinations, including screening of Public Health or by order of a local put the employee.	and freedom from communication and physician licensed in Illustration to the board. An empty for tuberculosis, as require	cable diseases. Such evidence shall inois or any other state not more ployee may be subject to additional d by rules adopted by the Department
EMDI OVE	E HEALTH EXAM	IN ATTION
I hereby certify that th	e above named person meet ss and is free of communica	s the requirements of
I hereby certify that th	e above named person meet ss and is free of communica	s the requirements of ble diseases.
I hereby certify that the physical fitnes	e above named person meet ss and is free of communica	s the requirements of ble diseases.
I hereby certify that the physical fitness Date of Exam:	e above named person meet ss and is free of communica	s the requirements of ble diseases.
I hereby certify that the physical fitness Date of Exam: Name/Address of Clinic/Office:	e above named person meet ss and is free of communica	s the requirements of ble diseases.
I hereby certify that the physical fitness Date of Exam: Name/Address of Clinic/Office:	e above named person meet ss and is free of communica	s the requirements of ble diseases.



Fingerprint Vendor Selection Please select a vendor and follow the instructions listed below

Regional Office of Education #8 - Freeport Mon-Fri, 8:00am- 4:00pm Fee - \$60.00	Please make check payable to ROE 8 for \$60.00 You will schedule an appointment with the Regional Office of Education #8 once payment is received.		
Carroll County Sheriff's Department - Mt. Carroll Mon-Fri, 8:00am- 5:00pm Fee - \$28.25	Please make check payable to ROE 8 for \$28.25 Do NOT schedule an appointment with the vendor until you have been contacted or received a letter from the Regional Office. *The Carroll County Sheriff's Department does take appointments; however, there may be delays at the time of your appointment due to staffing shortages.		
Jo Daviess County Sheriff's Department – Galena Tuesdays, 8:00am- 4:30pm Fee - \$28.25	Please make check payable to ROE 8 for \$28.25 Do NOT schedule an appointment with the vendor until you have been contacted or received a letter from the Regional Office. *There will be an additional \$26.00 fee due to Jo Daviess County Sheriff's Office at the time of the appointment.		
Please complete	the following information:		
Last Name First Na	me Middle Name		
Date of BirthSex	Social Security Number		
Address			
City:	_ State: Zip:		
Email Address	ail Address Phone #		
Signature	Date Revised Mar 2022		



Substitute Teaching Registration Form

N	AME:	: DATE OF BIRTH:			
Α	ADDRESS:				
C	ITY, STATE, ZIP:				
Р	RIMARY PHONE:SECONDARY PHONE:				
Ε	MAIL:				
Please check the school districts where you would like to substitute for FY2025					
	CARROLL COUNTY		JO DAVIESS COUNTY	<u>S</u>	STEPHENSON COUNTY
0	308 Eastland (Lanark/Shannon)	0	119 East Dubuque	0	145 Freeport*
0	314 West Carroll (Mt.Carroll/Savanna/Thomson)	0	120 Galena	0	200 Pearl City
0	399 Chadwick-Milledgeville	0	205 Warren	0	201 Dakota
		0	206 Stockton	0	202 Lena-Winslow
		0	210 River Ridge (Elizabeth/Hanover)	0	203 Orangeville
		0	211 Scales Mound	0	Regional Alternative Program (Freeport)
		0	Jo Daviess-Carroll CTE Academy (Elizabeth)		
		0	Regional Alternative Program (Elizabeth)		
Gra	ade Level:		Subject Area(s):		
OR					
	□ I am no longer	inter	rested in being included on the	sub l	list for FY 2025
I	Please note that if you are remo you will be required		from the sub list, and choose to bmit a new background check		· · · · · ·
the	you wish to substitute teach at <u>F</u> ir Human Resource Department need to contact them unless then	at (8	15) 232-0300. If you have subst	ituted	-

FY 2025- FOR OFFICE USE ONLY			
Date:	IEIN #:	Renewal Year:	