SUBSTITUTE TEACHING – No Illinois License

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 **OR**
  - 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
  - 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.

27 S. State Ave., Suite 101, Freeport, IL 61032
Phone: 815.599.1408 Fax: 815.297.9032
www.roe8.com

HOW TO CREATE AN ELIS ACCOUNT

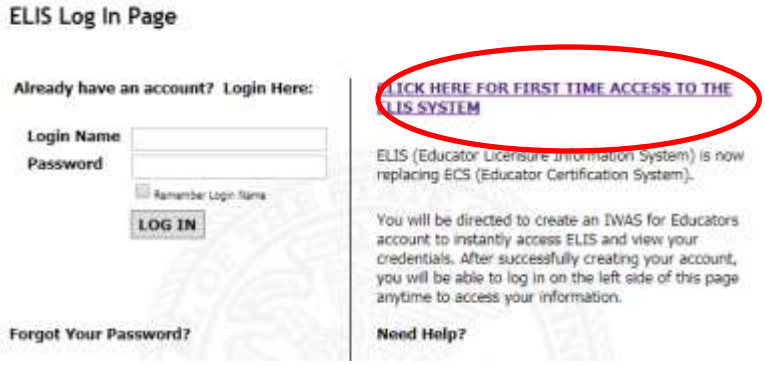
1. **GO TO** WWW.ISBE.NET

2. SELECT SYSTEM QUICK LINKS (top right corner of the website)

3. SELECT ELIS: EDUCATOR LICENUSRE INFORMATION SYSTEM

4. **SELECT: LOGIN TO YOUR ELIS ACCOUNT**

5. SELECT: CLICK HERE FOR FIRST TIME ACCESS TO THE ELIS SYSTEM



6. COMPLETE THE ELIS FOR EDUCATORS ACCOUNT SIGN UP

QUICK TIP: To avoid duplicate accounts and records, use your **legal first name** when creating your ELIS account and when registering for any licensure testing!

In order to create an account, you will need to fill in the information requested on the IWAS for Educators Account Sign Up page. Once you have filled in the profile correctly, clicking Continue will take you to the IWAS for Educators welcome screen.

*Please note that you do not need to know your IEIN number in order to signup, just your Social Security Number OR your IEIN number.

7. ACCESSING THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS)

Once you are at the welcome screen, clicking the Continue button will take you into your ELIS account

Illinois Department of
DCFS
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 and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) 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 understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

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, but not limited to, the following acts: 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. 5/2019

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

27 S. State Ave., Suite 101, Freeport, IL 61032
Phone: 815.599.1408 Fax: 815.297.9032
www.roe8.com

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ DATE OF BIRTH: _____

The Illinois School Code, in 105 ILCS 5/24-5, mandates that the Regional Office require of new employees evidence of physical fitness and freedom from communicable diseases. Such evidence shall consist of a physical examination made by a physician licensed in Illinois or any other state… not more than 90 days preceding time of the presentation to the board. An employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official. Cost of such examination(s) shall rest with the employee.

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 _____

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Fingerprint Vendor Selection

Please select a vendor and follow the instructions listed below

☐	**Stewart & Associates** **Freeport, Mon-Fri 8:30am- 4:30pm** **Rockford, Wed-Thurs 2:00pm- 4:00pm** **Fee - $56.25**	**Please schedule an appointment with the vendor AFTER** you have received a letter from the Regional Office. You will pay with a credit/debit card on the IdentoGO website once you receive the required letter
☐	**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 Name _____ Middle Name _____

Date of Birth _____Sex _____Social Security Number _____

Address _____

City: _____ State: _____ Zip: _____

Email Address _____ Phone # _____

Signature _____ Date _____ Revised Mar 2022

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Substitute Teaching Registration Form

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE: _____SECONDARY PHONE:_____

EMAIL: _____

Please check the school districts where you would like to substitute for FY2023

CARROLL COUNTY	JO DAVIESS COUNTY	STEPHENSON COUNTY
☐ 308 Eastland (Lanark/Shannon)	☐ 119 East Dubuque	☐ 145 Freeport*
☐ 314 West Carroll (Mt.Carroll/Savanna/Thomson)	☐ 120 Galena	☐ 200 Pearl City
☐ 399 Chadwick-Milledgeville	☐ 205 Warren	☐ 201 Dakota
	☐ 206 Stockton	☐ 202 Lena-Winslow
	☐ 210 River Ridge (Elizabeth/Hanover)	☐ 203 Orangeville
	☐ 211 Scales Mound	☐ Regional Alternative Program (Freeport)
	☐ Jo Daviess-Carroll CTE Academy (Elizabeth)	
	☐ Regional Alternative Program (Elizabeth)	

Grade Level: _____ Subject Area(s): _____

OR

☐ **I am no longer interested in being included on the sub list for FY 2023**

Please note that if you are removed from the sub list, and choose to re-add your name at a later date, you will be required to submit a new background check and health examination.

*If you wish to substitute teach at **Freeport School District**, and have not done so before, please contact their Human Resource Department at (815) 232-0300. If you have substituted with them previously, you do not need to contact them unless there is a change in your contact information.

FY 2023- FOR OFFICE USE ONLY

Date: _____ IEIN #: _____ Renewal Year: _____

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS
2815 W Washington St | PO Box 19253
Springfield IL 62794-9253
Richard W. Ingram, Executive Director
members@trsil.org | http://www.trsil.org
877-927-5877 (877-9-ASK-TRS) | FAX: 217-753-0964

Member Information and Beneficiary Designation Form

First Name	Middle Initial	Last Name	Maiden Name	Member Social Security number *(Required for tax-reporting purposes.)*

Date of birth	Gender ☐ Male ☐ Female	Home telephone number	
Street Address		Work telephone number	Extension
City		Cell phone number	
State	Zip	Email address	

Please select **one**:

☐ I have included my proof of birth that is required to receive any future benefits from TRS. Acceptable proof of birth includes a copy of the birth certificate, valid passport, valid driver's license or other state-issued identification card.

☐ My birth certificate is already on file with TRS.

☐ Member of another Illinois public employee retirement system (specify system's name)

_____

By completing this form, a TRS member or annuitant designates beneficiaries to receive death benefits. Information provided on this form will become part of the member's permanent TRS record and will determine distribution of death and survivor benefits. This designation revokes any prior designation. If this current designation is found to be invalid, the most recent designation on file with TRS will remain in effect. Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.*

If the automatic designation **is selected**, do not complete the Beneficiary Refund or Survivor Benefits sections.

☐ **Automatic Designation** *(commonly selected by members with a spouse or civil union partner and/or minor children)*
In lieu of designating specific beneficiaries, I elect that my dependent beneficiaries, as determined at my death, receive a beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.

If automatic designation **is not selected**, you must complete the Beneficiary Refund section. Alternate beneficiaries will receive benefits should primary beneficiaries predecease the member. When a beneficiary designation includes more than one person, the benefits are divided equally among the living beneficiaries of that class (primary or alternate).

Beneficiary Refund				Survivor Benefits			
Primary Beneficiaries				Primary Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship
Alternate Beneficiaries				Alternate Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship

If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.

Certification: By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that, if the TRS Board has reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the state's attorney for investigation.

Member's signature (mandatory)	Date

Signature pursuant to a General Power of Attorney is not accepted by TRS.

**See page 2 for more information.*

You may fax the form to TRS at (217) 787-2269

Types of Beneficiaries

The member may designate a beneficiary to receive survivor benefits. If this individual is a dependent beneficiary, then he or she is eligible to receive either monthly benefits or a lump-sum payment. However, if the member designates a nondependent beneficiary, only a lump-sum benefit is payable. Monthly benefits **cannot be paid** to dependent beneficiaries if a nondependent beneficiary is also designated and survives the member.

Dependent beneficiary. A spouse to whom the member has been married for at least one year, except where a child is born of the marriage in which case the qualifying period is not applicable; a civil union partner to whom the member has been partnered for at least one year; an unmarried natural or adopted child under 18, or between ages 18 and 22 if he or she is a full-time student in an accredited educational institution, or an unmarried child of any age who is dependent by reason of a physical or mental disability and claimed as a dependent on the member's final federal income tax return; a dependent parent who received from the member at least half of his or her support for the 12-month period immediately prior to the member's death.

Nondependent beneficiary. Any other designated person or entity who is not a dependent beneficiary.

Types of Benefits

Beneficiary Refund. This benefit is only payable upon death. The member cannot elect to receive this benefit. This refund includes a return of the member's retirement contributions, statutorily required interest on the retirement contributions, and member contributions paid toward the annual increases in annuity. This refund is payable: to a designated beneficiary; if no beneficiary is designated, to the surviving spouse or civil union partner; or if no one is designated and there is no surviving spouse or civil union partner, to the member's estate. After retirement, this amount is reduced by the amount of retirement benefit payments made to the member.

Survivor Benefits. A beneficiary is eligible to receive a lump-sum survivor benefit if the member's death occurs during TRS-covered employment or in the 12-month period immediately following the last day of earnings, while on a creditable leave of absence, or while receiving disability benefits.

A dependent beneficiary may also be eligible to receive monthly survivor benefits if certain requirements are met by the member before death.

Children, unless named as a beneficiary on the MIBD form, are only eligible for benefits if they are the children of the surviving parent who will receive monthly benefits. In the case of a divorce, if the member names the new spouse or civil union partner and had children with the prior spouse or civil union partner, those children are not eligible for monthly survivor benefits.

For instructions on designating a trust, please contact TRS.

A Qualified Illinois Domestic Relations Order (QILDRO) on file with TRS when the member dies may affect distribution of survivor benefits. For more information about QILDROs, please consult the QILDRO publication available on the TRS website.

As with all TRS benefits, death and survivor benefits must be paid in accordance with the Pension Code, 40 ILCS 5/16. If there is any discrepancy between the information on this form and applicable law, the law controls.