



Adams County Office | 507 Vermont Street | Quincy, IL 62301 | (217) 277-2080
Pike County Office | 1267 W. Washington | Pittsfield, IL 62363 | (217) 285-6714
Morgan County Office | 110 N. West Street | Jacksonville, IL 62650 | (217) 243-1804
Cass County Office | 651 South Morgan, Room 119 | Virginia, IL 62691 | (217) 452-723

Jill S. Reis
Regional Superintendent
jreis@roe1.net

Julie Stratman
Assistant Regional Superintendent
jstratman@roe1.net

Instructions for obtaining a Substitute Teaching License

ROE# 1: Adams and Pike Counties

Total Fees \$ 170.00

- Apply online at www.isbe.net
 - Click on the pull down menu System Quick Links
 - Choose ELIS/Educator Licensure
 - Click on Educator / Login to your ELIS account
 - CLICK HERE FOR FIRST TIME ACCESS TO ELIS SYSTEM
 - Create your profile
 - Click on Continue
- Apply online for a Substitute Teaching License
 - Pay the \$50.00 Application Fee
- Request that your official transcripts from your college(s), to be sent to:
 - Regional Office of Education # 1
 - 507 Vermont Street Suite 104
 - Quincy, IL 62301
- Complete the attached Substitute Teacher Background Inquiry Authorization and Fee Applicant Personal Data forms and return to this office. The \$70.00 fee must be paid to the ROE #1 office, please go to our website at www.roe1.net and pay for your fingerprints and sign up for a fingerprinting appointment.
- The Statement of Good Health or Physical Exam Form should be completed by your health care provider and returned to this office.
- ISBE will notify you by email when you are approved, and you may log into your ELIS account and Register your license and pay the \$ 50.00 registration fee.
- You may print your 'Credential' page to show verification of completion to the school(s) where you wish to teach.



Adams County Office | 507 Vermont Street | Quincy, IL 62301 | (217) 277-2080
Pike County Office | 1267 W. Washington | Pittsfield, IL 62363 | (217) 285-6714
Morgan County Office | 110 N. West Street | Jacksonville, IL 62650 | (217) 243-1804
Cass County Office | 651 South Morgan, Room 119 | Virginia, IL 62691 | (217) 452-723

Jill S. Reis
Regional Superintendent
jreis@roe1.net

Julie Stratman
Assistant Regional Superintendent
jstratman@roe1.net

SUBSTITUTE TEACHER BACKGROUND INQUIRY 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 to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. 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 #1 to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.
- I further authorize the Regional Office of Education #1 to check for my name on the Statewide Illinois Sex Offender Database.
- I further authorize the Regional Office of Education #1 to check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.
- I understand that conviction on any of the enumerated offenses or the presence of your name on any of these reports will exclude me from substitute teaching in Regional Office of Education #1 schools and could result in the suspension, revocation, or surrender of my teaching certificate(s).
- I understand that 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 Certification Board. I further understand that a copy of the criminal history check shall be provided to me if requested.
- I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.
- I understand that receiving a Regional Office of Education #1 Counties Substitute Information certificate is necessary to substitute teach in Regional Office of Education #1 Public Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher Regional Office of Education #1.

Name (Please Print)

Date

Signature

IEIN or Social Security Number

**Regional Office of Education #1
Adams County Court House (west doors), Room 104
507 Vermont St., Quincy, IL 62301**

**Criminal History Records Check Request and Release
Substitute Educator for Adams and Pike Counties– Fee Applicant**

Applicant should complete the top portion of this form

*The following information **must** be provided to complete the fingerprinting/background check and will only be used for those purposes. A State-issued photo identification must be shown at time of fingerprinting.*

Full Name: _____
Last First Middle

Address: _____
Street City State Postal code

Telephone Number: (____)____-____ Place of Birth: _____
State (Country if outside USA)

Date of Birth: _____ Aliases: _____
Maiden or other known names

Sex: M / F Race: _____ Height: _____ Weight: _____ Hair: _____ Eye: _____

Drivers License or State-Issued ID No. _____

I affirm that I have initiated a fingerprint-based Criminal History Records Check with the Regional Office of Education #1. Also I give permission for the results of my fingerprint-based Criminal History Records Check to be sent to the Regional Office of Education #1 and that these results may be shared with School District Superintendents, Regional Superintendents, State Superintendent of Schools and State Educator Licensure Board in the State of Illinois.

Applicant's Signature Date IEIN/SSN

For Regional Office of Education #1 Use Only:

Proof of Identification: Driver's License _____ State ID _____ Other _____ Ref No. _____

FP Tech: _____ Location: ROE #1, 507 Vermont St., Quincy, IL

Date: _____ Time: _____ LN.: 262.000021

TCN : LS10402L _____ Payment: \$50 CC Cash Check: No. _____



Adams County Office | 507 Vermont Street | Quincy, IL 62301 | (217) 277-2080
Pike County Office | 1267 W. Washington | Pittsfield, IL 62363 | (217) 285-6714
Morgan County Office | 110 N. West Street | Jacksonville, IL 62650 | (217) 243-1804
Cass County Office | 651 South Morgan, Room 119 | Virginia, IL 62691 | (217) 452-7239

Jill S. Reis
Regional Superintendent
jreis@roe1.net

Julie Stratman
Asst. Regional Superintendent
jstratman@roe1.net

Statement of Good Health or Attach Physical Exam

School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee. A new or existing substitute teacher 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. The board may from time to time require an examination of any substitute teacher employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant and shall pay the expenses thereof from school funds.

Tuberculosis tests are required by all employee/substitutes that are in a Pre-K facility.

_____	_____	_____
Last Name (<i>print</i>)	First Name (<i>print</i>)	Middle Name (<i>print</i>)
_____	_____	_____
Street Address	City, State, Zip	Date of Birth

Recommendations

The above individual was found free of communicable disease and otherwise physically and emotionally fit for employment in the schools.

_____ Yes _____ No If no, please explain: _____

_____	_____
Physician's Signature, M.D.	Date
_____	_____
Address	Telephone

PLEASE FAX TO: Ginger Scott, Regional Office of Education #1-217/277-2092