



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: Brown, Cass, Morgan, and Scott 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
 - 110 North West Street
 - Jacksonville, IL 62650
- Complete the attached Substitute Teacher Background Inquiry Authorization and Fee Applicant Personal Data forms and return to this office. The Personal Data form will be faxed to the Morgan County Sheriff's Department by this office. After it is received you may call 217-245-4143 ext. 1 and schedule an appointment on Thursdays or Fridays between 8:00 am and 5:00 pm, (closed 11:00 to noon).
The \$70.00 fee must be paid to the ROE #1 office, 110 North West Street, Jacksonville, IL, prior to the scheduled 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



MORGAN COUNTY SHERIFF'S OFFICE
MIKE CARMODY, SHERIFF

P. O. Box 129, 300 West Court Street, Jacksonville, Illinois 62651
Office: 217-245-4144 • Jail: 217-243-6123
Fax: 217-243-6998

FEE APPLICANT PERSONAL DATA

Name: _____
Last First MI

Alias: _____

Social Security #: _____ - _____ - _____ Date of Birth: ___/___/___

Address: _____
Street Address City, State & Zip Code

Driver's License #: _____ State: _____

Phone #: _____ e-mail: _____
Please list the number and email for you to be reached if we need to reschedule your appointment

Sex: _____ Race: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Place of Birth: _____

Country of Citizenship: _____

Response to: Regional Office of Education (Adams/Brown/Cass/Morgan/Pike/Scott Counties)
Address: 110 N. West St.
Jacksonville, IL 62650

Occupation at school: _____

Agency ORI: ILL11980S
Cost Center: 3968

PLEASE PRINT INFORMATION VERY CLEARLY TO ENSURE THERE ARE NOT DELAYS IN PROCESSING YOUR BACKGROUND CHECK!!!!

*****FOR PERSONNEL USE ONLY*****

Date & Time of appointment: _____

Fee Paid on: _____ Cash: _____ Check #: _____



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: MaryJane Million, Regional Office of Education #1-217/277-2092