

OBTAINING A SUBSTITUTE TEACHER LICENSE AND ROE #1 AUTHORIZATION

- Create an ELIS account
 - o Go to https://sec3.isbe.net/IWASNET/login.aspx
 - O Click "CLICK HERE FOR FIRST TIME ACCESS TO ELIS SYSTEM"
 - Create your profile
 - Click on Continue
- Apply & Pay Online for a Substitute Teaching License or Short Term Substitute License

Substitute Teacher License (SUB)	Short Term Substiute License (STS)
Requires a Bachelor's Degree	Requires 60 Hours of College Credit
	Requires a STS Training
\$50 Application Fee	\$25 Application Fee
Renewable	Non Renewable
Valid for 5 Years	Expires on June 30, 2023

<u>Note:</u> If you hold a valid Professional Educator License or Educator License with Stipulations that requires a bachelor's degree for issuance, you are qualified to be a substitute teacher. You do <u>not</u> need to hold a substitute license as well.

Request official transcript(s) to be sent to:

Through Postal Mail: Regional Office of Education # 1 507 Vermont Street, Suite 104 Quincy, IL 62301

OR

Through a Digital Credential Service: aocheltree@roe1.net

- Complete the attached Substitute Teacher Background Inquiry Authorization Form and return to our office.
- Complete the Criminal History Fee Applicant Form. Please go to our website at
 <u>www.roe1.net/services/educator-licensure</u>
 to schedule a fingerprint appointment or call 217.277.2087.
 There is a \$50.00 fee that must be paid to the ROE #1 office, either online when booking your appointment or on-site during your appointment.

Appt Date: _____ Appt Time: _____

Directions: Regional Office of Education (Inside Adams County Courthouse)

507 Vermont, Suite 104 (West Doors)

Quincy, IL 62301

- 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 your license is approved. Log into your ELIS account to **Register your License** and SUB license holders must pay the \$60.00 registration fee for the remaining current fiscal year plus 5 full year cycle. STS license holders do not have a registration fee.
- For the STS license, register here for your STS training. https://forms.gle/xojGfH7WLrmHNfae6

After all steps have been completed, ROE #1 will mail your Authorization Letter to you.



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 my 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 Authorization Letter 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



Adams County Court House (west doors), Room 104 507 Vermont St., Quincy, IL 62301

CRIMINAL HISTORY RECORDS CHECK REQUEST AND RELEASE <u>Substitute Educator – Fee Applicant</u>

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	e Postal code
Telephone Number: (Place of B	irth:	
			State (C	Country if outside USA)
Date of Birth:		Aliases:		
			Maiden or other kno	own names
Sex: M / F Race:	Height:	Weight:	Hair:	Eye:
Drivers License or State	-Issued ID No			
the State of Illinois.				
Applicant's Sig	 gnature		ate	IEIN/SSN
or Regional Office of Education #	1 Use Only:			
Proof of Identification: Drive	's License S	State ID Ot	her Re	f No
FP Tech:		Location	on: ROE #1, 507	Vermont St., Quincy, I
Date: Ti	me:	LN.:	262.000021	
TCN: LS10402L7845	Payn	nent: \$50	☐ CC ☐ Cash [Check: No



STATEMENT OF GOOD HEALTH

(Or, applicant may attach a physical exam signed by their healthcare provider.)

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.

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 com	nmunicable disease and otherwise	e physically and emotionally fit fo
employment in the schools.		
Yes No If no, please expla	in:	
Yes No If no, please expla	in:	
Yes No If no, please expla	in:	
Yes No If no, please expla	in:	
Yes No If no, please expla	in:	
Yes No If no, please expla	in:	Date
	in:	Date