

OBTAINING A SUBSTITUTE TEACHER LICENSE AND ROE #1 AUTHORIZATION

1. Create an ELIS account

- Go to <https://sec3.isbe.net/IWASNET/login.aspx>
- Click "CLICK HERE FOR FIRST TIME ACCESS TO ELIS SYSTEM"
- Create your profile
- Click on Continue

2. Apply & Pay Online for a Substitute Teaching License or Short Term Substitute License

Substitute Teacher License (SUB)	Short Term Substitute 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

Note: 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 not need to hold a substitute license as well.

3. Request official transcript(s) to be sent to:

Through Postal Mail:
 Regional Office of Education #1
 409 Hardin Ave. Ste 303
 Jacksonville, IL 62650

OR

*Through a Digital
 Credential Service:*
sbrockhouse@roe1.net

4. Complete the attached Substitute Teacher Background Inquiry Authorization Form and return to our office.

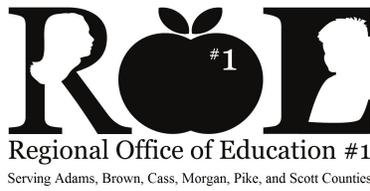
5. Complete the Criminal History Fee Applicant Form. The Criminal History Fee Applicant Form will be given to you upon payment. The \$70.00 fee must be paid to the ROE #1 office, 409 Hardin Ave, Suite 303, Jacksonville, IL, prior to the scheduled appointment. After it is received you may call Pathway Services at 217-479-2300 and schedule an appointment.

6. The Statement of Good Health or Physical Exam Form should be completed by your health care provider and returned to this office.

7. 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, complete a STS Training session.

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



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.

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: Stephanie Brockhouse, Regional Office of Education #1 // 217.243.5354