Regional Office of Education #1
Serving Adams, Brown, Cass, Morgan, Pike, and Scott Counties

ROE #1 Substitute Packet

- **Step 1:** **Create an ELIS account**
  - Go to https://apps.isbe.net/iwasnet/login.aspx
  - Choose "*Click here for the first time access to the ELIS system*" on the right side of the page
  - Enter the required information and proceed through the account setup wizard

- **Step 2:** Apply & Pay Online for a Substitute Teaching License or Short-Term Substitute License

Substitute Teaching License	**Short-Term Substitute License (STS)**
Hold a bachelor's degree or higher from a regionally accredited institution of higher education ***OR*** 90 credit hours and enrolled in an Illinois approved educator program	Hold an associate's degree or higher from a regionally accredited institution of higher education ***OR*** Show completion of 60 semester hours of coursework.
$50 Application Fee	$25 Application Fee
Renewable	**Must complete STS training program**
Valid for 5 Years	Expire on June 30, 2028

Note: If you hold a valid Professional Educator License or Educator License with Stipulations that require 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.

- **Step 3:** Request official* transcript(s) to be sent directly from your school to the ROE:

Electronic:
sbrockhouse@roe1.net

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

*To be official, transcripts must be submitted in the sealed envelope from the college or university or be sent electronically by the institution.

- **Step 4:** Complete the attached *Substitute Teacher Background Inquiry Authorization* form and return it to our office.

QUESTIONS? *Stephanie Brockhouse / 217.243.1804 - Option 1 / sbrockhouse@roe1.net*
12/06/2024

- **Step 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.

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

- **Step 7:** **Register your License.** ISBE will notify you by email when your license is approved. 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.

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

QUESTIONS? *Stephanie Brockhouse / 217.243.1804 - Option 1 / sbrockhouse@roe1.net*

12/06/2024

Regional Office of Education #1

Serving Adams, Brown, Cass, Morgan, Pike, and Scott Counties

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

Regional Office of Education

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 (*print*)	First Name (*print*)	Middle Name (*print*)
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