Regional Office of Education

Adams County Office | 507 Vermont Street, Suite 104|Quincy, IL 62301
Adams, Brown, Cass, Morgan, Pike, and Scott Counties
217.277.2080
Morgan County Office | 409 Hardin Ave., Suite 303 | Jacksonville, IL 62650
217.243.1804 Ext. 1

Jill Reis - Regional Superintendent
jreis@roe1.net

Julie Stratman - Asst. Regional Superintendent
jstratman@roe1.net

ROE #1 Authorization and Instructions to obtain a Substitute Teacher License:

- **Create an ELIS account** (Educator Licensure Information System)**:**
  - Go to www.isbe.net ,
  - Click on ***Educators*** and on the drop-down menu, click on ELIS
  - Use the action box **Educator Access** – ***Login to your ELIS account,***
  - Use right side, ***Click Here for First Time Access to the ELIS system,*** and
  - Complete the profile. Note login & password for future use. (Use the Help link for FAQ).
- **Apply for the Substitute Teaching or Short-Term Sub License**

Substitute Teacher License (SUB)	Short-Term Substitute Teacher License (STS)
Requires: bachelor's degree or 90+ credits-IL/PEL	Requires an associate's degree or 60 credits
$50 Application fee + registration fee online	$25 Application fee + registration fee online
Renewable after 5 years	**Non-Renewable**, unless state authorized

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 without purchasing an additional license.

- **Request** an Official transcript to be sent to**:**
  - Becky Shaw at rgarner@roe1.net (preferred method) through Parchment/college or
  - Regional Office of Education | 507 Vermont | Suite 104 | Quincy, IL 62301
- **Complete Background Inquiry Authorization Forms** and return them to our office upon your fingerprint appointment.
- **Schedule your fingerprint/background appointment**.
  - **$50 fee** that must be paid upon your appointment (Cash, Ck, or CC).
  - **Go to https://www.roe1.net/services/fingerprinting/schedule-appointment-educators-quincy-il/** or call 217.277.2087 to schedule an appointment
- **Submit Statement of Good Health** to your physician and request that it be sent to the ROE office using the fax number at the bottom of the sheet.
- **Upon issuance** of your substitute teacher license:
  - Register license for Region #1 through the home page of your ELIS account and
  - Pay the registration fee that is good for 5 years.
- **Short-Term Sub License requires** a free online STS Training session.
- Use the link to register for this training. https://www.roe1.net/substitute-license-training-for-short-term-substitute-teaching/
- **After all steps have been completed**,
  - ROE office will email your Authorization Letter to you
  - School districts will request this Authorization Letter (packet) upon your hire for substitute teaching. Other requirements by the school district may be required.

Regional Office of Education

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

CRIMINAL HISTORY RECORDS CHECK REQUEST AND RELEASE APPLICATION
SUBSTITUTE TEACHER – FEE APPLICATION

Applicants should complete the top portion of this form before arriving at the fingerprinting appointment. The following information must be provided to complete the fingerprinting/background check and will only be used for those purposes. A **state-issued identification** must be shown at the time of fingerprinting.

Full Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Telephone Number: (___)_____ Place of Birth:_____
State (Country outside USA)

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

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's 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. 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 Educator Licensure Board in the State of Illinois.

_____
Applicant's signature Date IEIN or SSN

For Regional Office of Education #1 Use Only:
Proof of Identification: Driver's License _____ State ID _____ Other _____
FP Tech: _____ Date: _____ Time: _____
TCN: LS10402L78 _____ **Payment: $50** CC ____ Cash ___ Ck# _____
LN: 262.000021 CC - Transaction ID _____ Receipt # _____

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal, and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant's Printed Name:	
Applicant's Signature:	Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.

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 SS#

Questions? Becky Shaw / Licensure Specialist / 217.277.2087 / rgarner@roe1.net 7/27/2026

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

Please fax to: Becky Shaw, Regional Office of Education #1 // 217.277.2092
Questions? Becky Shaw / Licensure Specialist / 217.277.2087 / rgarner@roe1.net