



JODI L. SCOTT
Regional Superintendent of Schools

LORI LOVING
Asst. Regional Superintendent of Schools

OBTAINING A SUBSTITUTE TEACHER LICENSE

A substitute teaching license may be issued to an individual who holds a Bachelor's degree or higher from a regionally accredited institution of higher learning.

Step 1: Create an Educator Licensure Information System (ELIS) account (see screenshot tutorial in packet).

Step 2: Submit an application in ELIS. An application fee (plus a processing fee) will be assessed electronically when the application is submitted. You will need a debit/credit card to complete this step.

Step 3: Request official college transcript(s) be sent to the Regional Office of Education. NOTE: Make every effort to have them sent electronically to Brittany Stegall at bstegall@roe33.net as that will expedite the process of obtaining a license. Mailed transcripts may be sent to the address listed below:

Regional Office of Education #33
Attn: Jodi Forrester
105 North E Street, Suite 1
Monmouth, IL 61462

NOTE: If you have recently graduated, you will want to be sure when ordering that you select to wait to send until your degree line has been added to the transcript.

Step 4: Complete forms included in this packet. Applicant must complete a fingerprint background check. Schedule an appointment by calling the ROE. The cost of the background check is \$50.

- ☐ Physical Form (may have occurred within the last 3 months)
- ☐ Criminal History Records Check Request and Release/Fee Applicant Form (*complete at appointment*)
- ☐ School Request Form

Step 5: Register your license in ELIS. A registration fee will be assessed electronically when the registration is completed. You will need a debit/credit card to complete this step. You will register your license in ROE #33, Henderson/Knox/Mercer/Warren Counties. The license is valid for five years and may be renewed.

Substitute Registration Fee Refund:

Applicants may be eligible for a reimbursement for the cost of the registration fee. The requirements are:

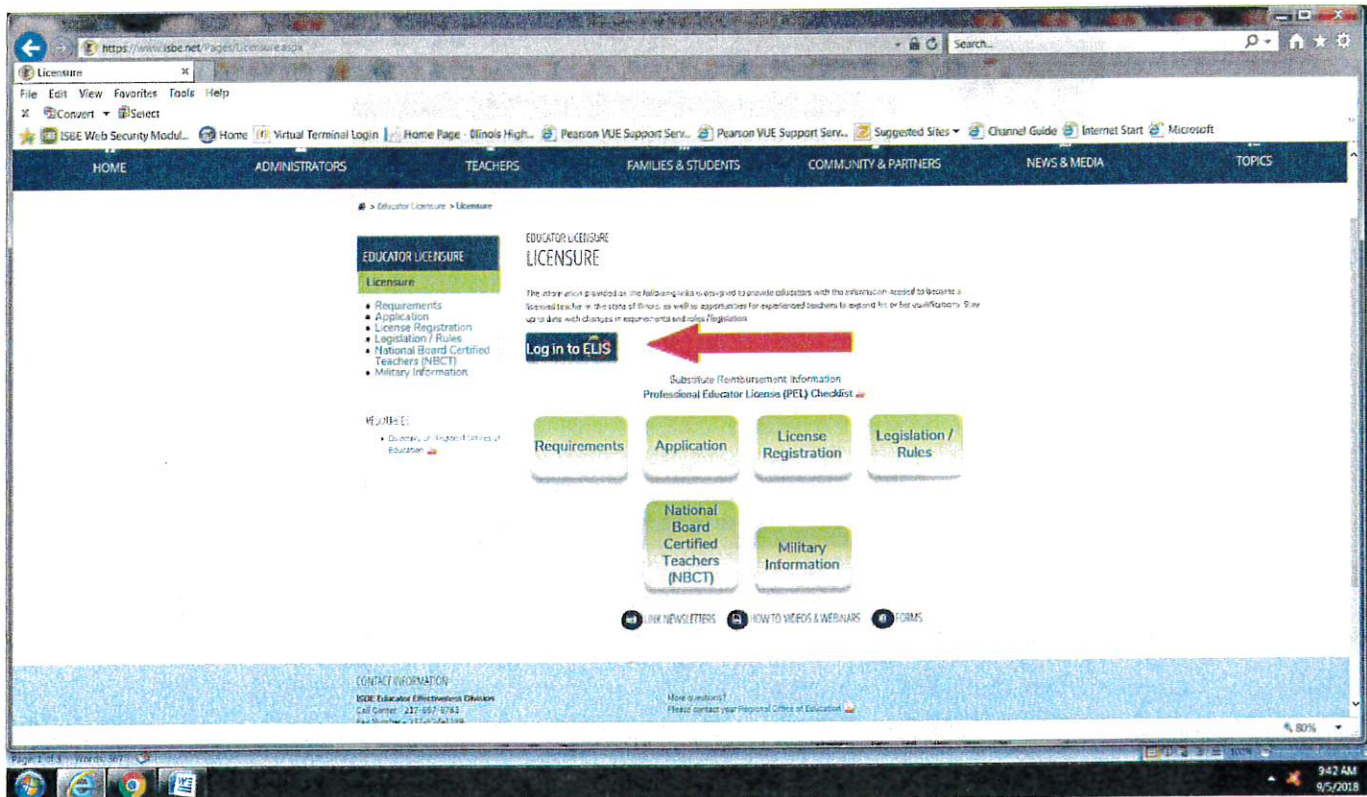
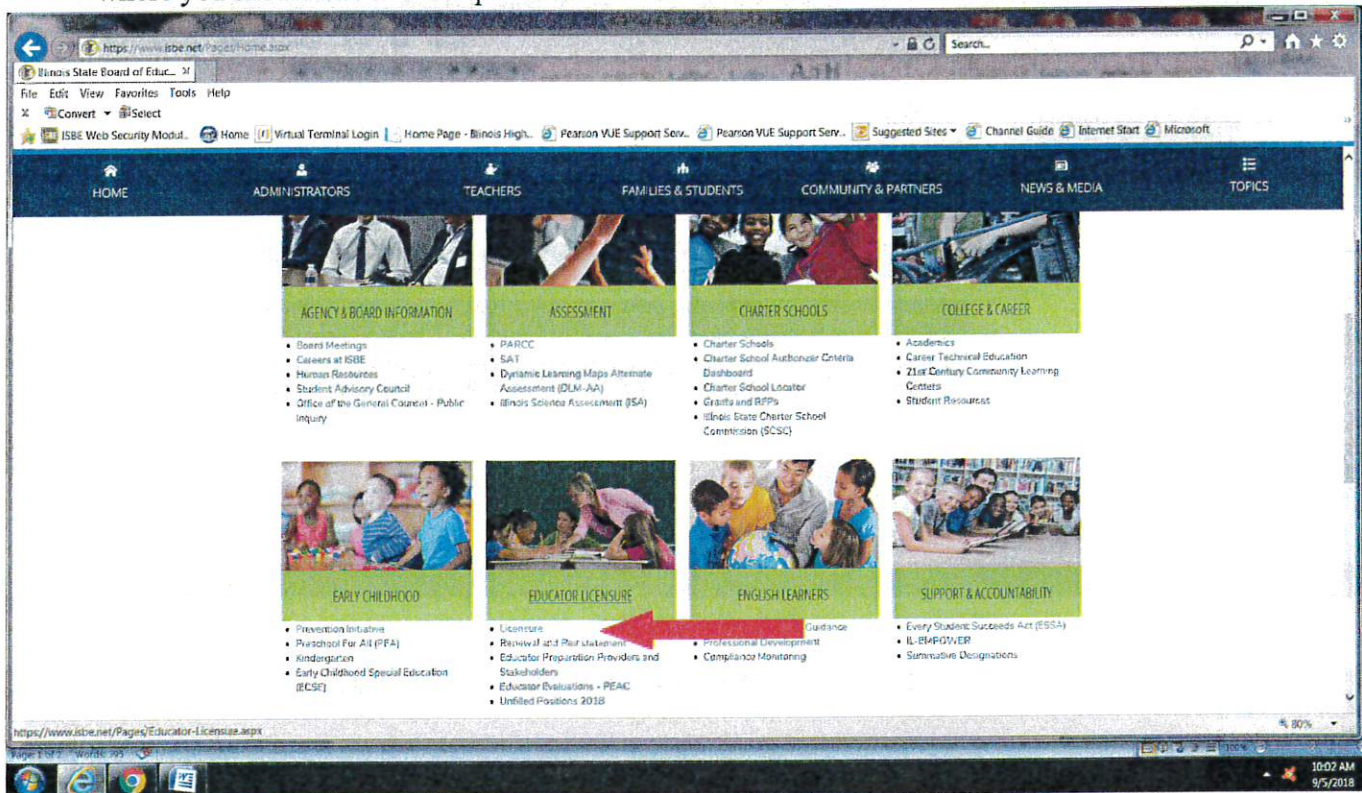
- Must have worked 10 full school days within one year of the issuance date of the license.
- Must apply for the reimbursement within 18 months of the issuance date of the license.

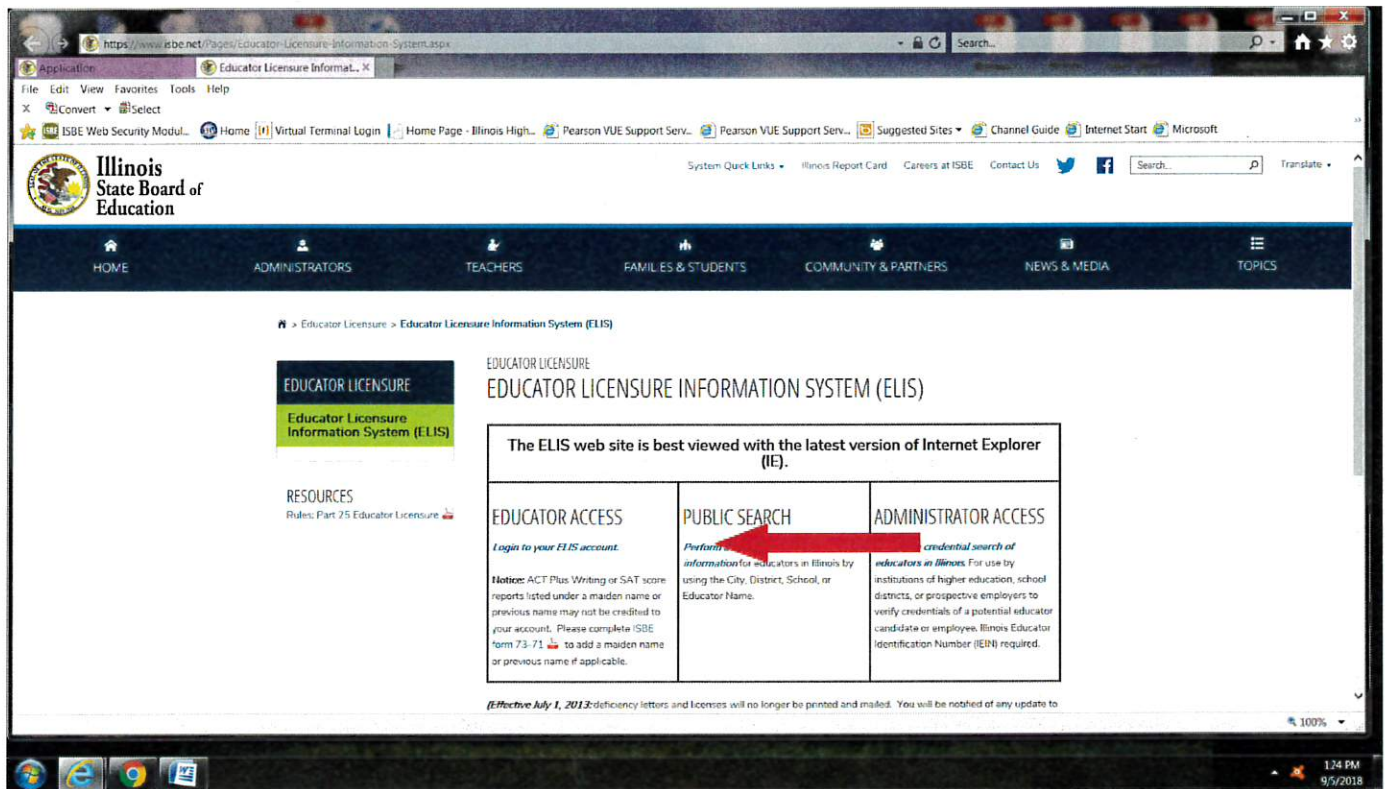
If you meet these requirements, please complete ISBE form 73-02: Substitute License Fee Refund Request in your substitute license packet. **This form must be returned to ISBE by the school or district officials.** Forms submitted by the applicant or the ROE will not be honored.

Online Application for a Substitute Educator License

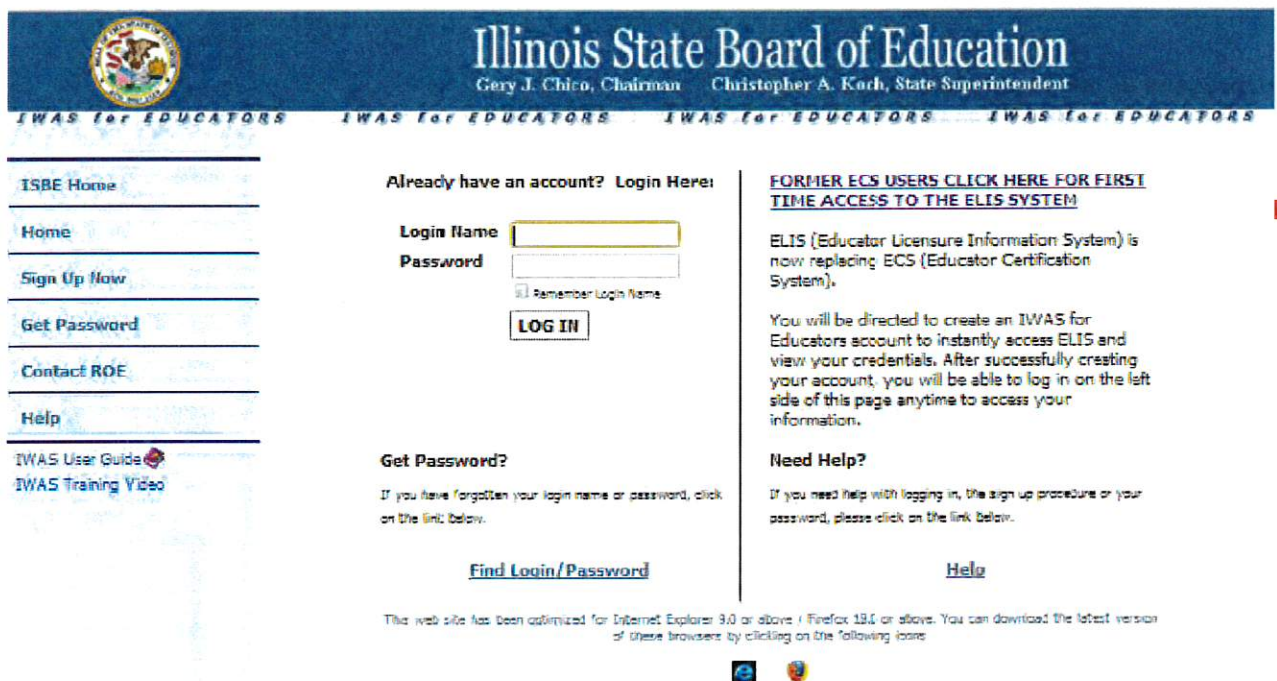
If you are a first time user of the Educator Licensing Information System:

1. On the internet, go to <http://www.isbe.net>
2. Halfway down the page you will see the Educator Licensure Information. The red arrows indicate where you should click. Example click on the word Licensure.





Click on the **Former ECS Users Click Here for Access to the ELIS System** link and create a log in and password





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PHYSICAL FORM

The Illinois School Code requires that substitute teachers employed by school districts in ROE #33 show evidence of physical fitness to perform duties assigned to them. Such evidence shall 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. All applicable fees shall be the responsibility of the individual securing the substitute license.

I hereby certify that _____ meets the above requirement of physical fitness.

Date

M.D. Signature

Address

City State Zip

Tuberculosis tests are required by all employee/substitutes that are in a *Pre-K facility*.

This is to certify that the above named individual is free of tuberculosis. This is based on:

TUBERCULIN TEST GIVEN ON _____ indicating _____ mm.

M.D. Signature

Address

Date _____

City State Zip

Please return to: **Regional Office of Education**
105 North E St., Suite 1
Monmouth, IL 61462
Fax: 309-734-2452 or
Email: jforrester@roe33.net



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SCHOOL REQUEST FORM

Please check the school district(s) in which you wish to substitute:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abingdon-Avon | <input type="checkbox"/> Monmouth-Roseville | <input type="checkbox"/> Williamsfield |
| <input type="checkbox"/> Galesburg | <input type="checkbox"/> ROWVA | <input type="checkbox"/> RAES East (Galesburg) |
| <input type="checkbox"/> Knoxville | <input type="checkbox"/> United | <input type="checkbox"/> RAES West (Monmouth) |
| <input type="checkbox"/> Mercer County | <input type="checkbox"/> West Central | |

Adult Education Courses

- | | | |
|--|------------------------------|--------------------------------|
| <input type="checkbox"/> Monmouth Adult Education | <input type="checkbox"/> Day | <input type="checkbox"/> Night |
| <input type="checkbox"/> Galesburg Adult Education | <input type="checkbox"/> Day | <input type="checkbox"/> Night |
| <input type="checkbox"/> Monmouth ESL* | <input type="checkbox"/> Day | <input type="checkbox"/> Night |
| <input type="checkbox"/> Galesburg ESL* | <input type="checkbox"/> Day | <input type="checkbox"/> Night |

*English as a Second Language

Name: _____ Email: _____

Address: _____ Phone: _____

City, State, Zip: _____

Check the grade levels/areas you are willing to substitute for:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-K/Early Childhood – must have TB test | <input type="checkbox"/> 4 th | <input type="checkbox"/> 10 th |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 5 th | <input type="checkbox"/> 11 th |
| <input type="checkbox"/> 1 st | <input type="checkbox"/> 6 th | <input type="checkbox"/> 12 th |
| <input type="checkbox"/> 2 nd | <input type="checkbox"/> 7 th | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> 3 rd | <input type="checkbox"/> 8 th | <input type="checkbox"/> Paraprofessional |
| | <input type="checkbox"/> 9 th | |

List special instructions, i.e., days you are not available to work, or schools you don't wish, etc.:

I understand that it is my responsibility to keep my contact information updated with the Regional Office of Education to ensure my information is correct on the ROE #33 Sub List. I also understand that my information being included on the Sub List does not guarantee employment, and that any employment that does occur will be directly with the individual school districts. I will not be hired or compensated by the Regional Office of Education #33.

Printed Name

Signature

Date



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



SUBSTITUTE LICENSE FEE REFUND REQUEST

EDUCATOR LICENSURE DIVISION

Instructions: If a substitute license was issued after the date of July 1, 2017 and the educator has worked more than ten full school days within a year of receiving the license, a request for a refund on the license fee may be submitted. **All refunds will be credited back to the credit/debit card used to make the payment.**

The educator must complete Part I of this form, and a School or District Official must complete Part II. Please request the form to be e-mailed to sub10refund@isbe.net. **Forms submitted by the educator will not be honored.**

PART I – TO BE COMPLETED BY THE EDUCATOR

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

Date of Issued Substitute License

County/ROE Registration Fees Paid In

PART II – TO BE COMPLETED BY SCHOOL OR DISTRICT OFFICIAL

Please complete the following assurance of how many days the individual has been a substitute and email this form to sub10refund@isbe.net.

I certify that the above named individual, _____ has been employed on the following license within one year of issuance of the license:

☐ Substitute License for _____ Days

☐ Short Term Substitute License for _____ Days

NAME OF DISTRICT	TELEPHONE (Include Area Code)
NAME OF AUTHORIZED OFFICIAL	FAX (Include Area Code)
TITLE OF AUTHORIZED OFFICIAL	E-MAIL

Date

Signature of Authorized Official