Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

Note: City of Chicago Residents should forward this form to the Educator Certification Division, Illinois State Board of Education, 100 North First Street, S-306, Springfield, Illinois 62777-0001. Please call 217/557-6763 for applicable fee amount.

ILLINOIS STATE BOARD OF EDUCATION
Educator Certification Division
100 North First Street, S-306
Springfield, Illinois 62777-0001

73-01

APPLICATION FOR ALTERNATIVE CERTIFICATE

Directions: Please print or type the information requested, and sign in ink. Return this completed form to your Regional Office of Education, and include the applicable fee in the form of a cashier's check. (Contact information is in your telephone book under local or county government, or at http://www.isbe.net/regionaloffices/pdf/roedirectory.pdf.) Please contact your regional superintendent regarding to whom the cashier's check should be made payable. Chicago residents should mail the application and applicable fee in the form of a cashier's check, payable to the **State Superintendent of Education**, to the above address. Fees are not refundable or transferable.

PRINT NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)

HOME ADDRESS (Street Number, City, State, Zip Code)	SEX ☐ Male ☐ Female	E-MAIL
	TELEPHONE (Include Area Code) Home	TELEPHONE (Include Area Code) Work

(Attach written explanation for Yes answers.)

☐ Yes ☐ No Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?

☐ Yes ☐ No Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?

☐ Yes ☐ No Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law and administered by that Department that was not subsequently resolved to the Department's satisfaction?

☐ Yes ☐ No Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?

☐ Yes ☐ No Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?

Signature Required

I certify, under penalty of perjury, that I do not have a child support order, and/or that I am not more than 30 days delinquent in complying with a child support order. I understand that I must sign this statement, whether or not I have children, and failure to so certify may result in disciplinary action, and making a false statement may subject me to contempt of court. A written explanation is required for those unable to complete this certification.

_____
***Original** Signature of Applicant*

_____
Date

If you previously held an Illinois certificate, complete the following:

Type _____ **Number**_____

NAMES OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE

ISBE USE ONLY			
DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID
DATE CERTIFICATE ISSUED			
CERTIFICATE NUMBER			

This application may be used to request **only** one certificate. It must be endorsed by an Illinois university approved for teacher education.

TEACHING CERTIFICATE	① See below ALTERNATIVE PROVISIONAL	② See below ALTERNATIVE INITIAL	ADMINISTRATIVE CERTIFICATE	③ See below ALTERNATIVE PROVISIONAL	③ See below STANDARD
Early Childhood			General Administrative		
Elementary (K-9)			Superintendent		
Secondary (6-12)			Chief School Business Official		
(Special (K-12)					

①	If you are completing either an alternative certificate program or an alternative route program, the first certificate you must obtain is the Alternative Provisional Certificate for the grade level of the program you have completed. This certificate is valid for one year of teaching.
②	The Initial Alternative Certificate is the next level of certification for persons completing an ***alternative certification program***. After teaching for four years on an Initial Alternative Certificate, the teacher may apply for a Standard Certificate. **NOTE:** Those persons who are completing an **alternative route** program for teacher certification obtain the Initial Certificate as the second level of certification and should apply for that certificate on form ISBE 73-03C.
③	If you are completing an approved alternative program for administration, check the appropriate box to obtain your one-year Provisional Certificate or your five-year Standard Certificate.

To be completed by Illinois Teacher Education Institution for persons completing alternative programs.
As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above-named alternative program applicant has completed all requirements of the certification statutes and relevant rules and regulations, and that this applicant has successfully completed an approved program leading to the certification and endorsement for which he or she is recommended.

[SEAL]

_____ *Institution Submitting Application*	_____ *Date*	_____ ***Original** Signature of Authorized Official and Seal of Institution*

I do hereby affirm that the information provided above and the credentials, including transcripts and other supporting documents, are true, correct and complete.

NOTE: Applicants who knowingly alter or misrepresent their qualifications in order to obtain a certificate shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.

_____ *Date*	_____ ***Original** Signature of Applicant*	_____ *Date*	_____ ***Original** Signature of Requesting Illinois Regional Superintendent*	_____ *County*

ISBE 73-01 (12/11)

Print Reset Form