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

73-03D

APPLICATION FOR SCHOOL SERVICE PERSONNEL OR ADMINISTRATIVE 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 _____

NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE

ISBE CERTIFICATION OFFICE USE ONLY

DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID

DATE CERTIFICATE ISSUED

CERTIFICATE NUMBER

SCHOOL SERVICE PERSONNEL
(One Endorsement per Application)

CERTIFICATE	ENDORSEMENT
☐ School Counselor	☐ Supervisory
☐ School Social Worker	☐ Supervisory
☐ School Psychologist	☐ Supervisory
☐ School Nurse	☐ Supervisory
☐ Speech/Language Pathologist	☐ Supervisory
☐ Interim Speech/Language Pathologist Intern	

ADMINISTRATIVE
(One Endorsement per Application)

CERTIFICATE

- ☐ General Administrative
- ☐ Superintendent
- ☐ Chief School Business Official
- ☐ Director of Special Education

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.

_____ _____
Original *Signature of Applicant* *Date*

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

To be completed by Illinois Teacher Education Institution if certificate is to be issued by entitlement. Ignore this section of the form if certification by evaluation (individual applies directly) is requested.

As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above-named applicant has completed all requirements of the certification statutes and relevant rules and regulations and has successfully completed an approved program leading to the certification and endorsement for which the applicant is recommended.

_____
Institution Submitting Application

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

Print Reset Form