

## Requirements to obtain an Illinois Teaching License and substitute teach in Monroe & Randolph County Public Schools:

### STEP 1: Apply for a Teaching License

#### Documents and fees required to apply for a Professional Educator License (PEL), Educator License with Stipulations (ELS) or a Substitute License (SUB):

- Submit an online application at [www.isbe.net/ELIS](http://www.isbe.net/ELIS) (New Account set up directions on reverse side)
  - o Fee - \$100.00 payable by debit or credit card
- Submit official College transcripts (Sealed Envelope from the University) to our office

*Applicants applying for a PEL or ELS have additional documents necessary to complete the application process. Please view requirements at [http://www.isbe.net/licensure/html/current\\_prospective.htm](http://www.isbe.net/licensure/html/current_prospective.htm)*

### STEP 2 Register Teaching License

Upon issuance of the License by Illinois State Board of Education, your license must be registered in our Region

- Registration Fee of \$10.00 per year to be paid online at [www.isbe.net/ELIS](http://www.isbe.net/ELIS)

### STEP 3 Master Substitute Teacher List & Substitute Authorization requirements

The following documents and fees are required to be added to our Master Substitute Teacher List and to receive a Substitute Authorization:

- Teaching license that is valid and registered in the Monroe/Randolph Region
- Completed Criminal History Check Authorization and Regional Substitute Registration
- Physical Examination performed within the last 90 days
- Fingerprint Background Check on file with our office
  - o If a valid background check is on file with our ROE
    - o Master Substitute Teacher List Fee - \$4.00 per year
  - OR**
  - o If a background check is being requested from another ROE
    - o Contact the other ROE and request your file to be sent to our office
    - o Master Substitute Teacher List Fee - \$4.00 per year
  - OR**
  - o If a background check will need to be performed in our office
    - o Complete the Fingerprint Authorization & Release for Substitute Teachers
    - o Fax or email it to our office
    - o Contact our office to schedule an appointment
    - o Background Fee - \$49.00
    - o Master Substitute Teacher List Fee - \$4.00 per year

#### QUESTIONS?

Please contact Darcy at 618.939.5650 or [dfausz@roe45.org](mailto:dfausz@roe45.org)

## Directions for new account set up for Educator License Information System (ELIS)

1. Go to: [www.isbe.net](http://www.isbe.net)
2. Click on ELIS/Educator Credentials – located under the banner
3. Click on Educator Access (Click here to login to your ELIS account).
4. If you have never logged into ELIS and set up an account - do this only the first time you access ELIS
  - a. Click on: [FORMER ECS USERS CLICK HERE FOR FIRST TIME ACCESS TO THE ELIS SYSTEM.](#) This will take you to IWAS, the portal where you will need to create your new profile.
  - b. Enter the information when prompted. All red arrows are required fields.

### **After successful completion of setting up your account:**

1. A window should read: **Welcome to your personal IWAS for Educators account.**  
Click continue>>

ELIS will then launch.

You will then be able to:

- view credentials
- renew, reinstate, or register your existing educator license
- apply for licenses, endorsements, or approvals
- enter in professional development activities
- update your personal information including address, phone number and email address.

## MONROE-RANDOLPH SUBSTITUTE AUTHORIZATION

With a start date of January 1, 2011, individuals who apply to substitute teach in Illinois public schools are required to hold a Substitute Authorization in each county in which they substitute teach in addition to holding a teaching or substitute license. This new requirement is a result of Illinois Public Act 094-0219.

*If you do not currently hold a valid, registered Illinois Professional Educator License (PEL) or Educator License with Stipulations (ELS) and you want to obtain licensure to be a substitute teacher, you will need to apply for a Substitute License (SUB).*

**To obtain a Monroe-Randolph Counties Substitute Authorization Certificate, the following is required from you:**

1. Show proof that you hold a valid Illinois Professional Educator License (PEL), Educator License with Stipulations (ELS) or a Substitute License (SUB).
2. Register the license in Monroe-Randolph Counties, Region 45. You must **use the Educator Licensure Information System ELIS at [www.isbe.net/ELIS](http://www.isbe.net/ELIS)**. **To use ELIS, login and select the Registration Tab. Choose Region 45, Monroe-Randolph.** If your license is already registered in another county, there is no additional registration fee. The registration fee is \$10 per year
3. Make an appointment for the fingerprint check to be conducted, at which time all other paperwork must be presented, or fingerprinting will not be done. Call 618-939-5650 to make a fingerprint appointment. The ROE fingerprint process takes approximately 15 minutes.
4. Authorize a fingerprint-based criminal history check and checks of the Illinois Statewide Sex Offender Database and the Illinois Statewide Child Murderer and Violent Crimes against Children Database. Fill out attached Substitute Teacher Authorization and Release form.
5. Submit the physician's verification of freedom from communicable diseases obtained in the past 90 days to the Monroe-Randolph Regional Office of Education. Use attached Substitute Teacher Medical Information Form.
6. Pay the \$49 fee covering the fingerprint-based criminal history check report and checks of the data bases to the Monroe-Randolph Regional Office of Education. Payment is collected at your fingerprint appointment. The Regional Office of Education accepts personal checks or cash.
7. Register for the Monroe-Randolph Regional Substitute List which is distributed to all school districts in the two counties. The fee for registration with the Substitute List and issuance of the Substitute Authorization Certificate is \$4 per year.

The Monroe-Randolph Regional Office of Education will

1. Fingerprint you and submit your fingerprints to the Illinois State Police and FBI to obtain a criminal history background report.
2. Collect your physical results and license information and enter them into our system. You will take the originals with you.
3. Search your name on the Illinois Statewide Sex Offender Database and the Illinois Statewide Child Murder and Violent Crimes against Children Database and record the results.
4. Upon receiving the results of the criminal history check, examine the results and, if requirements are met, issue the Monroe-Randolph Counties Substitute Authorization Certificate.
5. Distribute to all school districts an updated Regional Substitute List containing applicant's contact information and status as a qualified substitute teacher.

The Substitute Authorization will be valid through the registration period of the license and will be renewed upon successful renewal of your license. You will be required to submit the Substitute Authorization Certificate registration fee after renewing your license for the next cycle.

**CRIMINAL HISTORY CHECK AUTHORIZATION AND REGIONAL SUBSTITUTE LIST REGISTRATION**

*Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school 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 Monroe-Randolph Regional Office of Education 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 Monroe-Randolph Regional Office of Education to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize the Monroe-Randolph Regional Office of Education to check for my name on the Illinois Statewide Child Murderer and Violent Offenders against Youth Database.

I understand that negative results on any of these reports could exclude me from substitute teaching in Monroe-Randolph schools and could result in the suspension, revocation or surrender of my teaching certificate(s).

I authorize the Regional Superintendent to share criminal history reports with the superintendents of 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 in the event of any negative results in the criminal history report.

I understand that I am responsible for the payment of the cost of the fingerprint-based criminal history check and Regional Office reviews of the Statewide Sex Offender and the Statewide Child Murderer and Violent Offender against Youth Databases.

I understand that receiving a Monroe-Randolph Substitute Authorization is necessary to substitute teach in Monroe-Randolph public schools, AND I understand that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Monroe or Randolph County.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
IEIN or last 4 digits of SSN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Substitute Teaching Preferences**

\_\_\_\_\_  
Grades

\_\_\_\_\_  
Subjects

\_\_\_\_\_  
School Districts

**REGIONAL OFFICE of EDUCATION**

*Monroe & Randolph Counties*

Monroe County Office  
107 East Mill Street  
Waterloo, IL 62298  
Tel: (618) 939-5650  
Fax: (618) 939-5332

Randolph County Courthouse  
#1 Taylor Street, Rm. 101  
Chester, IL 62233  
Tel: (618) 826-5471  
Fax: (618) 826-5474



**KELTON DAVIS**  
REGIONAL SUPERINTENDENT  
OF SCHOOLS

**MARY ANN QUIVEY**  
ASSISTANT SUPERINTENDENT  
OF SCHOOLS

**SUBSTITUTE TEACHER MEDICAL INFORMATION**

LAST NAME	FIRST NAME	MI	SS# Last 4

**PHYSICIAN'S STATEMENT OF GOOD HEALTH**

Sec. 24-5 of the School Code states in part – "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis . . . presentation to the board and cost of such examination shall rest with the employee."

⇒ *Please complete this form or attach a physical examination form provided by your doctor.* ⇐

**PHYSICAL EXAMINATION**

I have determined that the above-named applicant is able to perform the essential functions and duties of the position of substitute teacher without reasonable accommodations and that he/she is free of communicable diseases.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name \_\_\_\_\_

Signature, M.D. \_\_\_\_\_

Address \_\_\_\_\_

**TUBERCULOSIS SKIN TEST**

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results (circle one): Negative    Positive

Physician Name printed \_\_\_\_\_

Physician Signature \_\_\_\_\_

*If x-ray is indicated, attach appropriate paperwork.*

FINGERPRINTING IS DONE BY APPOINTMENT ONLY. CALL 618.939.5650

## FINGERPRINT AUTHORIZATION & RELEASE FOR SUBSTITUTE TEACHERS

Applicant must present all authorization materials at time of fingerprinting.

1. Criminal History Check Authorization and Regional Substitute List Registration
2. Physical and TB Test
3. Proof of License registered in Monroe-Randolph Regional Office of Education

**TO BE COMPLETED BY THE APPLICANT PRIOR TO ARRIVAL AT THE ROE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name/Suffix \_\_\_\_\_

Full Maiden Name \_\_\_\_\_ Other Names Used or Aliases \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth (State) \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Best Daytime Phone Number \_\_\_\_\_

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\_\_\_\_\_ I further authorize the Monroe-Randolph Regional Office of Education to check for my name on the Illinois Statewide Child Murderer and Violent Offenders against Youth Database.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**