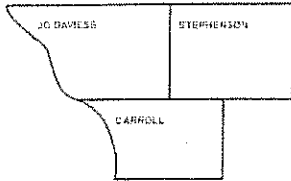


REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES



AARON MERCIER
REGIONAL SUPERINTENDENT
amercier@roe08.k12.il.us

OFFICE:
500 N. RUSH STREET
STOCKTON, IL 61085
(815) 947-3810
FAX: 947-2717
<http://www.roe8.com>

TO APPLY FOR A SUBSTITUTE TEACHING CERTIFICATE:

***For individuals who hold a Bachelor's degree, but do not hold a valid Illinois Teaching certificate or a Substitute Teaching certificate in the State of Illinois

- 1) You must submit official transcripts with college seal and signature, showing degree(s) earned. **Transcripts must be submitted in a sealed envelope by the college/university to be considered official.**
- 2) Complete the APPLICATION FOR TEACHING CERTIFICATE form
- 3) Remit personal check or money order, made payable to ROE #08, for \$115 to cover transcript evaluation and registration fees for your certificate.

TO BECOME A SUBSTITUTE TEACHER IN ROE #08:

***For all individuals who are interested in substitute teaching in ROE #08

- 4) SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION form
- 5) CERTIFICATE REGISTRATION form
- 6) TEACHERS' RETIREMENT SYSTEM ENROLLMENT form
- 7) DCFS MANDATED REPORTER form
- 8) FINGERPRINTING/NAME BASED SCHOOL INQUIRY CRIMINAL HISTORY CONVICTION INFORMATION form and APPLICABLE FEE – Complete the enclosed form and return it to the Regional Office with the applicable fee listed on the form. (Please make check payable to ROE #8). **DO NOT go directly to the selected agency to be fingerprinted; please wait for an instructional letter from the ROE.**

Please note that PA 097-0607, effective July 1, 2011, stipulates that individuals applying to work as substitute teachers must pay the cost of their criminal background investigation

- 9) EMPLOYEE HEALTH EXAMINATION/TUBERCULIN SKIN TEST form – the Illinois School Code requires you to submit evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis, completed not more than 90 days prior to submitting substitute teaching paperwork.

PLEASE RETURN A SEPARATE CHECK FOR EACH REQUIRED FEE

____SERVING____

CHADWICK-MILLEDGEVILLE DAKOTA EAST DUBUQUE EASTLAND FREEPORT GALENA LENA-WINSLOW
ORANGEVILLE PEARL CITY RIVER RIDGE SCALES MOUND STOCKTON WARREN WEST CARROLL

EMPLOYEE HEALTH EXAMINATION AND TUBERCULIN SKIN TEST INFORMATION

** We have included a list of clinics and health departments in the area for reference. We are not recommending one agency over another and you are not required to use an agency on this list**

PLEASE CALL IN ADVANCE TO SET UP AN APPOINTMENT AT ANY OF THE FOLLOWING LOCATIONS

COSTS ARE SUBJECT TO CHANGE AT ANY TIME

TUBERCULIN TESTS ARE GIVEN AT THE FOLLOWING LOCATIONS

<u>AGENCY</u>	<u>PHONE</u>	<u>CONTACT PERSON</u>	<u>COST</u>
Carroll County Health Department	815-244-8855		\$8.00
Jo Daviess County Health Department	815-777-0263		Free
Stephenson County Health Department	815-235-8271	Ask for Becky Taylor	Free for Stephenson County residents/ \$10.00 for all others

EMPLOYMENT PHYSICALS AND TUBERCULIN TESTS ARE GIVEN AT THE FOLLOWING LOCATIONS

<u>AGENCY</u>	<u>PHONE NUMBER</u>	<u>CONTACT PERSON</u>	<u>ADDITIONAL INFORMATION</u>	<u>COST</u> Employment Physical	<u>COST</u> Tuberculin Test
Monroe Clinic – all branches	608-324-3160	Deanna or Terri	Request an Employment Physical and that you will be paying for this directly, not an employer.	Approximately \$53.00	Approximately \$11.00
Freeport Health Network (FHN)	815-599-7880 or contact your local office directly		Request an Employment Physical. Payment is required at time of service	Approximately \$60.00	Approximately \$11.00

If you should have any questions, please do not hesitate to contact the Regional Office at (815) 947-3810.

Please send all completed forms and payments to: Aaron Mercier, Regional Superintendent
Carroll, Jo Daviess & Stephenson Counties
500 N. Rush St.
Stockton, IL 61085

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



APPLICATION FOR TEACHING 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, City, State, Zip Code)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL
		TELEPHONE (Include Area Code) Home	TELEPHONE (Include Area Code) Work

Attach written explanation for Yes answers

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____				ISBE CERTIFICATION OFFICE USE ONLY			
NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID
				DATE CERTIFICATE ISSUED			
				CERTIFICATE NUMBER			

THIS APPLICATION MAY BE USED TO REQUEST ONLY ONE CERTIFICATE

Initial	Standard	Resident Teacher (Approved Programs Only)	
Early Childhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Substitute (K-12)
Elementary (K-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provisional Vocational Occupational Field
Secondary (6-12)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (Vocational Subject to Be Taught)
I am applying for a Special K-12 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transitional Bilingual
Endorsement area _____ (One Endorsement per Application)			_____ (Language)
<input type="checkbox"/> Supervisory endorsement			<input type="checkbox"/> Part-Time Provisional
A special certificate may be issued as a single certificate or split to obtain an elementary and a secondary certificate. For information about the difference, go to www.isbe.net/certification/pdf/7303C_expl.pdf .			_____ (Subject Taught)

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
Signature of District Superintendent is required if application is being made for a Part-Time Provisional or a Provisional Vocational Certificate. Applications for a Provisional Vocational Certificate also require ISBE Form 73-23.			
Telephone (Include Area Code)	District Name and Number	Signature of Hiring District Superintendent or Board Secretary	

This section must 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.

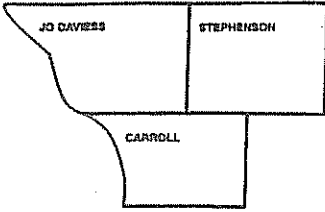
Institution Submitting Application

Original Signature of Authorized Official and Seal of Institution

Date

REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES



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SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION FORM

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 #08 to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize the Regional Office of Education #08 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 ROE #08 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.

I understand that I am responsible for the payment of the cost of the criminal history check.

I understand that I will not be added to the ROE #8 substitute teacher list until the Regional Office receives my background check results from the Illinois State Police and FBI and my Employee Health Examination/TB Skin Test form.

I understand that having my name placed on the ROE #8 substitute teacher list does not guarantee that I will be hired as a substitute teacher.

Name (Please Print)

Date

Signature

IEIN

____SERVING____

CHADWICK-MILLEDGEVILLE DAKOTA EAST DUBUQUE EASTLAND FREEPORT GALENA LENA-WINSLOW
ORANGEVILLE PEARLCITY RIVER RIDGE SCALES MOUND STOCKTON WARREN WEST CARROLL

Receipt No. _____

School Year _____

Date _____

**CERTIFICATE REGISTRATION
REGIONAL OFFICE OF EDUCATION
AARON MERCIER, REGIONAL SUPERINTENDENT**

NAME: _____
Last First Middle (Maiden) Home Telephone

ADDRESS: _____
Street City State Zip Code

DATE OF BIRTH: _____ IEIN: _____

CERTIFICATE RECORD

	Certificate Type	Number	Date of Issuance	County of Issuance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

LAST REGISTRATION: _____
Date County

EMPLOYMENT RECORD: To be completed only if you are currently under contract or will be for the coming school year.

_____ District Building Grade/Subject

SUBSTITUTES: Please complete this section if you would like to do substitute teaching in the schools of Carroll, Jo Daviess and Stephenson Counties.

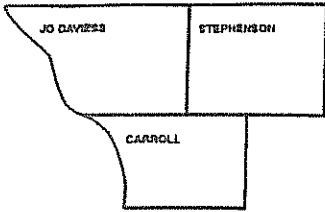
Grades or Subject Area: _____

Please check the school districts where you would like to substitute.

- Chadwick/Milledgeville _____ Dakota _____ East Dubuque _____
- Eastland (Lanark/Shannon) _____ Freeport _____ Galena _____
- Jo Daviess-Carroll AVC _____ Lena-Winslow _____ Orangeville _____
- Pearl City _____ River Ridge (Elizabeth/Hanover) _____ Scales Mound _____
- Stockton _____ Warren _____ West Carroll (Mt. Carroll/Savanna/Thomson) _____

REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES



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TO: Substitute Teacher Applicant

FROM: Aaron Mercier, Regional Superintendent

RE: **Teacher Retirement System of IL – Enrollment Form**

All substitute teachers are required to participate in the Teachers' Retirement System of Illinois.

In order to complete your enrollment in TRS, you will need to go online and complete the enrollment form. Once you have filled in the form, you will need to print the form and sign and date where indicated. Please mail the completed, signed form to the Regional Office at the address above, along with the rest of the application papers and the required fee.

The link to the form is:

<http://trs.illinois.gov/subsections/members/forms/mibd.pdf>

If you have any questions, or cannot print the form, please contact the Regional Office at 815-947-3810.

Thank you.

____SERVING____

CHADWICK-MILLEDGEVILLE DAKOTA EASTDUBUQUE EASTLAND FREEPORT GALENA LENA-WINSLOW
ORANGEVILLE PEARLCITY RIVER RIDGE SCALES MOUND STOCKTON WARREN WEST CARROLL

Pat Quinn
Governor



D. Jean Ortega-Piron
Acting Director

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 10/2011

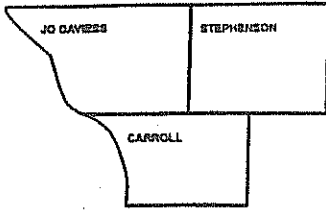
Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES



AARON MERCIER

REGIONAL SUPERINTENDENT
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FINGERPRINTING / NAME BASED SCHOOL INQUIRY CRIMINAL HISTORY CONVICTION INFORMATION

NOTE:

Complete this form and return it to the Regional Office with the applicable fee. Once the ROE receives the form and fee, you will receive an instructional letter to set up your appointment to be fingerprinted. DO NOT go directly to the agency until you receive your instructional letter from the ROE. (Please make check payable to ROE #8).

1. Indicate which agency you prefer to be fingerprinted through:

Carroll County
Sheriff's Department

Jo Daviess County
Sheriff's Department
*(\$26 additional fee must be
paid at time of appointment)*

Stewart & Associates Inc.
Freeport, Rockford or Sterling

2. Please enter the following information necessary to complete the fingerprinting card: (Please Print)

Last Name _____ First Name _____ Middle Name _____

Maiden Name
Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Drivers License # _____

Race _____ Drivers License State _____

Sex _____ Social Security Number _____

Height _____ Hair Color _____

Weight _____ Eye Color _____

Place of Birth _____

Home Address: _____

Email Address: _____

Signature

Date

____SERVING____

CHADWICK-MILLEDGEVILLE DAKOTA EAST DUBUQUE EASTLAND FREEPORT GALENA LENA-WINSLOW
ORANGEVILLE PEARL CITY RIVER RIDGE SCALES MOUND STOCKTON WARREN WEST CARROLL

REGIONAL OFFICE OF EDUCATION

CARROLL, JO DAVIESS & STEPHENSON COUNTIES

500 N. Rush Street Stockton, IL 61085

Phone: (815) 947-3810 Fax: (815) 947-2717

NAME: _____

ADDRESS: _____ TELEPHONE: _____

_____ DATE OF BIRTH: _____

EMPLOYEE HEALTH EXAMINATION

I hereby certify that the above named person meets the requirements of physical fitness and is free of communicable diseases.

Date of Exam: _____

Name/Address of Clinic/Office: _____

Name of Physician/Physician Assistant: _____

Signature of Physician/Physician Assistant _____

TUBERCULIN SKIN TEST

Date Test Given: _____ Date Read: _____

Test Results: (circle one) Negative Positive

Name/Address of Physician/Physician Assistant and Clinic/Office: _____

Signature of Physician/Physician Assistant: _____