

NOTE: City of Chicago residents should forward this form to Educator Certification Division, ISBE, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

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

APPLICATION FOR MASTER CERTIFICATE

INSTRUCTIONS: Please print or type. Complete this form and mail to the Regional Superintendent of Schools in the county in which you plan to serve or reside. Include proof of your NBPTS certification. There is no fee for this certificate.

EXCEPT FOR CITY OF CHICAGO APPLICANTS, DO NOT SEND THESE FORMS TO THE STATE SUPERINTENDENT OF EDUCATION.

PRINT NAME (Last, First, Middle, Maiden)		SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
HOME ADDRESS (Street Number, 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

U.S. CITIZEN
 Yes No
 Applicants who are not US citizens must provide proof of legal presence and eligibility for employment. They must also file form 73-91, "Notice of Intent to Become a United States Citizen."

(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?	Signature Required
	<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 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 of Applicant
			Date

If you previously held an Illinois Certificate, give the				ISBE CERTIFICATION OFFICE USE ONLY			
Type _____	Number _____						
NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID
				DATE CERTIFICATE ISSUED			
				CERTIFICATE NUMBER			

Out-of-state applicants must submit a copy of their out-of-state certificate.

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

Signature of Applicant

Date

Signature of Requesting Illinois Regional Superintendent

County