

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 REINSTATEMENT

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.

My certificate has lapsed because it has not been renewed and/or registered for 6 months from the expiration of the last year of registration. I request that my lapsed certificate be reinstated. I have enclosed an official transcript(s) from a regionally accredited institution of higher education to demonstrate that I earned 9 semester hours of credit in my content/endorsement area within the past 5 years. Also enclosed is a cashier's check for the amount of the back fees owed.

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
		HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)

(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**

CERTIFICATE(S) TO BE REINSTATED

CERTIFICATE TYPE	CERTIFICATE NUMBER	ISSUE DATE	REGION ISSUED	REGISTERED UNTIL

_____ Date _____ Original Signature of Applicant	ROE USE ONLY	
	REGISTERED THROUGH	REGISTRATION FEE
	CHECK NO.	MONEY ORDER NO.
	RECEIPT NO.	DATE