

NOTE: City of Chicago residents should forward this form to Educator and School Development Division, 100 North First Street, E-310, Springfield, Illinois 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development Division
 100 North First Street, E-310
 Springfield, Illinois 62777-0001

LPDC	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

STATEMENT OF ASSURANCE FOR INITIAL TO STANDARD-LEVEL TEACHING CERTIFICATION

INSTRUCTIONS: Return completed form to your Regional Office of Education (in your phone book under local or county government or at www.isbe.net.)

PRINT NAME (Last, First, Middle, Maiden)	ILLINOIS CERTIFICATE NUMBER/IEIN	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

PART A – TEACHING EXPERIENCE To meet certification requirements: <input type="checkbox"/> I accrued a total of four years' (equivalent to eight semesters of full-time employment on a valid teaching certificate (attach letters from employers)	SCHOOL(S) WHERE TEACHING TOOK PLACE
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PART B – PROFESSIONAL DEVELOPMENT OPTION (select one)

To meet certification requirements, I have completed the following professional development activity:

1. <input type="checkbox"/> Advanced education-related degree from an accredited institution, earned at any time prior to application.	NAME OF COLLEGE OR UNIVERSITY	STATE	DEGREE	DATE RECEIVED
2. <input type="checkbox"/> Induction and mentoring Program approved for this purpose.	APPROVED PROVIDER OR PROGRAM			DATE COMPLETED
3. <input type="checkbox"/> A 12-hour post-baccalaureate, education-related professional development certificate issued by an Illinois institution of higher education	CERTIFICATE	NAME OF COLLEGE OR UNIVERSITY		DATE COMPLETED
4. <input type="checkbox"/> 12 semester hours of graduate-level coursework towards an advanced, education-related degree.	COURSES	NAME OF COLLEGE OR UNIVERSITY	STATE	DATE COMPLETED
5. <input type="checkbox"/> Subsequent Illinois certificate or endorsement	CERTIFICATE OR ENDORSEMENT			DATE ISSUED
6. <input type="checkbox"/> Requirements for becoming "highly qualified" in another teaching area for "No Child Left Behind" purposes.				
7. <input type="checkbox"/> Exam (not available)				Date
8. <input type="checkbox"/> National Board for Professional Teaching Standards Certification process.				Date
9. Four semester hours of graduate-level coursework approved for this purpose in one of the following:				
a. <input type="checkbox"/> Assessment of teaching performance	COURSE(S)	APPROVED PROVIDER		DATE COMPLETED
b. <input type="checkbox"/> National Board for Professional Teaching Standards certification preparation.	COURSE(S)	APPROVED PROVIDER		DATE COMPLETED
10. <input type="checkbox"/> Continuing Professional Development Units (CPDUs)	ACTIVITY	APPROVED PROVIDER (conference, workshops, trainings)		# of CPDUs

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.

I do hereby affirm under penalty of perjury that the information provided above is true, correct, and complete. The evidence of completion for the professional development activity or activities will be available upon request.

Signature of Applicant

Date

RECOMMENDATION FOR ISSUANCE

LPDC RECOMMENDATION

Recommended for issuance of certificate.
Recommended for nonissuance of certificate(s) for the following reason(s):
Activity is not an eligible professional development option.
Activity has not been completed.

Signature of LPDC Chair

Date

REGIONAL SUPERINTENDENT'S RECOMMENDATION

Recommended for issuance of certificate.
Recommended for nonissuance of certificate(s) for the following reason(s):
Activity is not an eligible professional development option.
Activity has not been completed.
Teacher has not accrued four years of teaching experience.

Signature of Regional Superintendent or Designee

Date

APPLICATION PROCESS

To apply for Standard-level certification, please do the following:

1. Complete ISBE Form 73-03C Application for Teaching Certificate (a separate application and fee are needed for each Initial certificate held);
2. Complete Statement of Assurance verifying completion of one of the professional development options and, if applicable, submit to your Local Professional Development Committee (LPDC) for a recommendation;
3. Complete ISBE Form 73-10 Certificate Registration (only one regardless of how many certificates are held, with the exception of the Type 39 Substitute Certificate);
4. Request from your chief school or district administrator statements on letterhead verifying your four years of teaching experience;
5. Submit the above and the fees to the Regional Office of Education that serves the area where you teach, or if currently unemployed, the area where you live; and
6. Maintain the evidence of completion for professional development activities in preparation for the possibility of a random audit. Teachers should keep the evidence of completing the professional development option on file at least until the Standard certificate is renewed for the first time.

Teachers may access their certification files through ECS (Educator Certification System) at www.isbe.net/ECS.

CONTINUING PROFESSIONAL DEVELOPMENT UNITS (CPDUS)

Although the requirement is generally 60 CPDUs, the number required of any individual who held an initial certificate on August 10, 2002, will be prorated at 15 CPDUs for each year of teaching time remaining on the initial certificate as of July 1, 2003. A reduction also applies to initial certificate-holders with experience from out of state, amounting to 15 CPDUs for each full year of out-of-state experience completed. Below is a listing of the creditable CPDU activities; however, please visit our website www.isbe.net for full descriptions and point values. A similar proportionate reduction is available with respect to the 12 semester hours of coursework required under Option 4 (i.e., subtract three semester hours for each full year of out-of-state experience.)

CREDITABLE CPDU ACTIVITIES

- Action research and inquiry projects
- Business school or community partnerships
- Consulting teacher
- Curriculum development or assessment activities
- Mentoring
- Non-strike related professional association or union service (LPDC/RPDR)
- Non-university credit related to student achievement, Illinois Professional Teaching Standards or content-area Standards
- Observing programs or teaching in schools, business or industry
- Parent education programs
- Peer coaching
- Peer review
- Portfolio of teacher and student work
- Publishing education articles, columns or books
- Training for review team for accreditation of institution of higher education
- Study groups
- Teaching college or university courses
- Team or department leadership
- Work/learn programs or internships
- Workshops, seminars, conferences, institutes, symposiums (presenting or attending)

RIGHT TO APPEAL A RECOMMENDATION FOR NONISSUANCE

Within **14 days** of receiving a recommendation for nonissuance from a regional superintendent of schools, you may appeal to the Regional Professional Development Review Committee (RPDR) by sending ISBE Form 77-17 "Appeal to the RPDR" to your Regional Office of Education.

LIST OF CPDU/CEU ACTIVITIES

Complete this chart if you checked number 7 as a Professional Development Option.) (Use additional pages as needed.)

ACTIVITY NUMBER	CPDU ACTIVITY	PROVIDER (if applicable)	CPDUs	DATE COMPLETED

Signature of Applicant

Date

Total CPDUs

Grand Total CPDUs

LIST OF CPDU/CEU ACTIVITIES

Complete this chart if you checked number 7 as a Professional Development Option.) (Use additional pages as needed.)

ACTIVITY NUMBER	CPDU ACTIVITY	PROVIDER (if applicable)	CPDUs	DATE COMPLETED

_____ Signature of Applicant	Total CPDUs	
_____ Date	Grand Total CPDUs	