

ROE 30 LICENSE CHECKLIST



☐ Create an ELIS account

IEIN _____

- Go to <https://apps.isbe.net/iwasnet/login.aspx>
- Under “Educator Access” click on “Login to your ELIS account” link.
- On the right hand side, choose “CLICK HERE FOR FIRST TIME ACCESS TO THE ELIS SYSTEM”
- Enter the required information and proceed through the account setup wizard.
- Write down your assigned IEIN (Individual Educator Identification Number) as well as your username and password.

☐ Request your Official Transcripts OR WorkKeys and High School Diploma/GED

If applying for a **SUB License** (valid for 5 years) you will need:

- Official College Transcript with a Bachelor’s Degree
OR
- 90 credit hours and enrolled in an Illinois approved educator program

If applying for a **Paraprofessional License** (valid for 5 years) you will need:

- Official College Transcript with Associate Degree OR 60 hours credit
OR
- WorkKeys Test and High School Diploma/GED

If applying for a **Short Term Approval for Paraprofessionals** (valid for 3 years):

- High School Diploma/GED

If applying for a **Short Term SUB License** (valid for 5 years) you will need:

- Official College Transcript with Associate Degree OR 60 hours credit

**To be official, transcripts must be submitted in the sealed envelope from the college or university or be sent electronically by the institution.

ELECTRONIC: licensure@roe30.org

MAIL: Regional Office of Education 30

Attn: Licensure

1001 Walnut St.

Murphysboro, IL 62966

☐ When all documents are uploaded into the ELIS account, you can then apply for the license in the ELIS account

- **SUB License:** \$50/Application and \$60/Registration
- **Paraprofessional License:** \$100/Application and \$30 Registration
- **Short Term Approval for Paraprofessional:** \$50/Application
- **Short Term SUB License:** \$25 Application with no registration fees

- ☐ When the license is issued, go back in to ELIS account and register the license with **Region 30**
If you wish to be placed on the Regional Office of Education 30 Substitute list please follow these additional steps:
 - ☐ [Health Physical](#) within 90 days of the fingerprinting appointment AND a TB Test within the past year.
 - ☐ [DCFS Mandated Reporter Certificate](#) - Print Certificate at end of the online course
 - ☐ Complete and sign DCFS [CANTS](#) Form
 - ☐ If applying for a Short Term SUB License, complete [Short Term Sub Training](#) and print certificate.
-
- ☐ If **EVERYTHING** above is completed you can schedule a fingerprinting appointment [HERE](#)
 - ☐ \$55 fee, bring valid State ID or Driver's License and ALL paperwork

After fingerprinting results are reviewed and approved, you will be issued a substitute certificate from ROE30.

** After working more than ten full days of school within a year of receiving the license, you can request a [refund on the application](#) license fee.

Contact licensure@roe30.org or call (618) 687-7290 with any questions



Regional Office of Education #30
Serving Alexander, Jackson, Perry, Pulaski, and Union Counties
Matthew Hickam, Regional Superintendent
Sherri L. Schimpf, Assistant Regional Superintendent

Evidence of Freedom From Communicable Disease

The Illinois School Code* requires that substitute teachers show evidence of freedom from communicable disease. The cost of such examination shall rest with the substitute teacher employee.

I hereby certify that _____ meets the above
requirement of evidence of freedom from communicable disease.

Date

Signature of MD, APN or PA

Address

City

State

Zip

This is to certify that the above-named individual is free of tuberculosis. This is based on
a **TUBERCULIN SKIN TEST** GIVEN ON _____ indicating _____ results.

Date

Signature of MD, APN, PA, or RN

*105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

Sec. 24-5. Physical fitness and professional growth.

(a) In this Section, "employee" means any employee of a school district, a student teacher, an employee of a contractor that provides services to students or in schools, or any other individual subject to the requirements of Section 10-21.9 or 34-18.5 of this Code.

(b-5) School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee. A new or existing substitute teacher employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official. The board may from time to time require an examination of any substitute teacher employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant and shall pay the expenses thereof from school funds.

(c) School boards may require teachers in their employ to furnish from time to time evidence of continued professional growth.(Source: P.A. 98-716, eff. 7-16-14; 99-173, eff. 7-29-15.)

Return this completed form to ROE #30.



Recognizing and Reporting Child Abuse: Training for Mandated Reporters

REPORT ABUSE

1-800-25ABUSE

1-800-252-2873

1-217-524-2606

TTY: 1-800-358-5117

About Us

Resources

Help

Register

Welcome To Recognizing And Reporting Child Abuse: Training For Mandated Reporters

The purpose of this online course is to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse.

Everyone who suspects child abuse or neglect should call the Illinois Department of Children and Family Services Child Abuse Hotline to make a report, but Mandated Reporters are required by law to do so.

This Training Includes:

1. A pre-training assessment (13 multiple-choice questions)
2. 60-90 minutes of self-paced interactive training
3. A post-training assessment (13 multiple-choice questions)
4. A Certificate of Completion

New User

Register for an
account

Returning User

You are a returning user if you have taken this training after August 2012

Email:

Password:

Login

[Forgot your password?](#)

[Click here](#)

Need Technical Support?

Ver esto en Español



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 and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) 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 understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

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, but not limited to, the following acts: 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. 5/2019

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK

Regional Office of Education #30 (Alexander, Jackson, Perry, Pulaski, Union)

TO BE COMPLETED BY THE APPLICANT/EMPLOYEE

Please read carefully before signing.

I, _____, S.S. # _____ hereby authorize the Regional Office of Education #30 to submit a Fingerprint Conviction Inquiry to the IL State Police and the Federal Bureau of Investigation. The inquiry is for the purpose of employment or volunteer services in the Alexander, Jackson, Perry, Pulaski, and Union County Region.

I do hereby fully waive, release, and discharge the Regional Office of Education #30 and the Illinois Counties of Alexander, Perry, Pulaski, and Union, their officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me or arise out of the results of any aspect of the criminal background investigation or my participation in a criminal conviction investigation.

I further agree to indemnify and hold harmless and defend the Regional Office of Education #30, and the Illinois Counties of Alexander, Jackson, Perry, Pulaski, and Union, their officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or rising out of, connected with, or in any way associated with, any of the activities of the criminal background investigation and review. I also understand and consent that a copy of the inquiry and report be sent to my Regional Office of Education and any prospective school district that may want to employ me or utilize my services.

I have fully read and understand this waiver and release. The information below is accurate.

Date

Signature

Last Name

First Name

MI

Current Address

City

State

Zip Code

Drivers Lic. #

Soc. Sec. #

DOB

/ /

Phone #

Height

Weight

Hair Color

Eye Color

Sex

Race/Ethnicity

Place of Birth: State

or

Country

Applicant Signature

Date

For Substitutes Only:

Email Address

Select Counties for Sub List *(Please check all that apply)*:

Alexander

Jackson

Perry

Pulaski

Union

TO BE COMPLETED BY LIVE SCAN TECHNICIAN

Verify Reference #

Date

Time

am

pm

Proof of Identification:

Drivers' License

Passport

State ID

Other

Technician Name



Murphysboro TCN# **LS10326L4791**

Anna TCN# **LS10375L4959**

Pinckneyville TCN# **LS10779L6722**

Rebuild TCN#

District:

ORI#

Regional Office of Education 30
Annex Office
819 Walnut Street
Murphysboro, IL 62966
Phone: 618.684.4890

Regional Office of Education 30
Jackson County Courthouse
1001 Walnut Street
Murphysboro, IL 62966
Phone: 618.687.7290

Regional Office of Education 30
Perry County Govt. Bldg.
3764 St. Rt. 13/127
Pinckneyville, IL 62274
Phone: 618.357.2828

Regional Office of Education 30
Shawnee Comm. College Extension
1150 E. Vienna Street
Anna, IL 62906
Phone: 618.634.3458

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):	
Applicant Name (signature):	Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.