Clear Form

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

ILLINOIS STATE BOARD OF EDUCATION
Division of Certification and Professional Development
100 North First Street
Springfield, Illinois 62777-0001

73-03D

APPLICATION FOR SCHOOL SERVICE PERSONNEL OR ADMINISTRATIVE 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 teach or reside. Include official transcripts and a $30 fee for certification, contact your Regional Superintendent for the method of payment.
DO NOT SEND THESE FORMS AND FEES TO THE STATE SUPERINTENDENT OF EDUCATION. **THIS FEE IS NOT REFUNDABLE OR TRANSFERABLE.**

SOCIAL SECURITY NUMBER	PRINT NAME (Last - First - Middle - Maiden)	BIRTHDATE
		/ /

HOME ADDRESS (Street Number, City, State, Zip Code)	PHONE (Area Code) Home	SEX ☐ Male ☐ Female	BIRTHPLACE
	PHONE (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."

Have you: (Attach written explanation for yes answers.)

- ☐ Yes ☐ No Ever had a certificate denied, suspended or revoked in Illinois or any other state?
- ☐ Yes ☐ No 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 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 am not more than 30 days delinquent in complying with a child support order. I understand that failure to so certify shall result in disciplinary action and making a false statement may subject me to contempt of court.

Date

Signature of Applicant

If you previously held an Illinois Certificate, give the **Type** _____ **Number** _____

NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE

- Certification Office Use Only -

DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID

DATE CERTIFICATE ISSUED

CERTIFICATE NUMBER

SCHOOL SERVICE PERSONNEL
(One Endorsement per Application)

CERTIFICATE	ENDORSEMENT
☐ School Counselor	☐ Supervisory
☐ School Social Worker	☐ Supervisory
☐ School Psychologist	☐ Supervisory
☐ School Nurse	☐ Supervisory
☐ Speech/Language Pathologist	☐ Supervisory
☐ Interim Speech/Language Pathologist Intern	

ADMINISTRATIVE
(One Endorsement per Application)

CERTIFICATE

- ☐ General Administrative
- ☐ Superintendent
- ☐ Chief School Business Official
- ☐ Director of Special Education

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.

Signature of Applicant | *Date* | *Signature of Requesting Illinois Regional Superintendent* | *County*

To 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

Date | *Signature of Authorized Official and Seal of Institution*

ISBE 73-03 **D** (8/05)

Print