



CONFIRMATION OF STATE CERTIFICATION TESTS TAKEN

DIRECTIONS: Illinois will accept content area tests and basic skills tests completed in other states if the tests are required for issuance of a comparable certificate in that state. The applicant should complete the information in Part I and forward the form to the state department of education of the state where the test was completed. The applicant must hold a comparable, current certificate.

PART I - TO BE COMPLETED BY APPLICANT

SOCIAL SECURITY NUMBER	APPLICANT NAME (Last - First - Middle - Maiden)	BIRTHDATE / /
APPLICANT ADDRESS (Street Number, City, State, Zip Code)		PHONE (Area Code)

I successfully completed a basic skills test for issuance of a certificate on _____ .
Date

I successfully completed the following content area test(s) for issuance of a certificate:

CONTENT AREA TEST	DATE

I do hereby affirm that I passed the examination(s) indicated above and that all information I have supplied on this form is true, accurate and complete. I understand that misrepresentation of my qualifications for certification can result in denial of the certificate for which I have applied and revocation of any certificates I may hold.

_____ Date _____ Signature of Applicant

PART II - TO BE COMPLETED ONLY BY STATE CERTIFICATION AUTHORITY

Please complete this portion and mail to the Illinois State Board of Education address at the top of the form. An authorized signature and official seal are required. Forms returned to the applicant or a Regional Office of Education will not be honored.

I have reviewed the information above and certify that the person named in Part I passed the following test(s):

Basic Skills – a uniform test required by the state of _____ for issuance of a certificate. *The Illinois Basic Skills Test is designed to assess knowledge of fundamental skills in reading comprehension, mathematics, and language arts.*

Content Area Test(s) – required by the state of _____ for issuance of a certificate. Please check all content area tests successfully completed by the applicant for certification purposes:

Early Childhood

Special Education

Elementary

(Specify area(s), i.e. Learning Disabilities; Emotional Disturbances; Mental Retardation; etc.)

Secondary

School Service Personnel

(Indicate specific content test i.e. Biology; History; Mathematics; etc.)

(Specify area(s), i.e. School Social Worker; Speech Pathologist; etc.)

K - 12 Specialty

Administrative

(Specify area, i.e. Art; Music; PE; Library Specialist; etc.)

(Specify area(s), i.e. General Administrative; Superintendent; etc.)

NAME OF AGENCY	
NAME AND TITLE OF AUTHORIZED OFFICIAL (Print or Type)	TELEPHONE (Include Area Code)
E-MAIL ADDRESS	FAX (Include Area Code)

AFFIX OFFICIAL SEAL

_____ Date _____ Signature of Authorized Official