



**NOTE: City of Chicago residents** should forward this form to Certification Division, ISBE, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

**APPLICATION FOR MASTER 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 serve or reside. Include proof of your NBPTS certification. There is no fee for this certificate. Normal processing time for applications is 60 working days. **DO NOT SEND THESE FORMS TO THE STATE SUPERINTENDENT OF EDUCATION.**

SOCIAL SECURITY NUMBER	PRINT NAME (Last - First - Middle - Maiden)	BIRTHDATE / /	
HOME ADDRESS (Street Number, City, State, Zip Code)	PHONE (Area Code) Home	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE (City, State and Country)
	PHONE (Area Code) Work	U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> 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:
- 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?

(Attach written explanation for yes answers.)

**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 _____				Certification Office Use Only			
NAME(S) OF COLLEGES AND UNIVERSITIES	STATE	DEGREE	DATE	DEGREE	CREDIT OR EXP.	TYPE	YEARS VALID
				DATE CERTIFICATE ISSUED			
				CERTIFICATE NUMBER			

**SELECT THE CERTIFICATE(S) THAT MOST PROPERLY REFLECT THE NATIONAL BOARD FOR PROFESSIONAL TEACHING STANDARDS CERTIFICATE YOU HOLD**

**CERTIFICATE ISSUED BY NATIONAL BOARD FOR PROFESSIONAL TEACHING STANDARDS**

**EQUIVALENT ILLINOIS CERTIFICATE**

- |  |  |
|--|--|
| <input type="checkbox"/> Early Childhood.....                            | <input type="checkbox"/> Early Childhood Master  |
| <input type="checkbox"/> Middle Childhood.....                           | <input type="checkbox"/> Elementary Master   |
| <input type="checkbox"/> Early and Middle Childhood.....                 | <input type="checkbox"/> Early Childhood Master and Elementary Master                          |
| <input type="checkbox"/> Early Adolescence .....                         | <input type="checkbox"/> Elementary Master <b>or</b> <input type="checkbox"/> Secondary Master |
| <input type="checkbox"/> Adolescence and Young Adulthood .....           | <input type="checkbox"/> Secondary Master  |
| <input type="checkbox"/> Early Adolescence through Young Adulthood ..... | <input type="checkbox"/> Elementary Master and Secondary Master                                |
| <input type="checkbox"/> Early Childhood through Young Adulthood .....   | <input type="checkbox"/> Special   |
| <input type="checkbox"/> School Counselor.....                           | <input type="checkbox"/> Master School Service Personnel - School Guidance                     |

*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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Requesting Illinois Regional Superintendent

\_\_\_\_\_ County