

NOTE: City of Chicago residents should forward this form to Division of Certification and Professional Development, ISBE, 100 North First Street Springfield, Illinois 62777-0001. Each application for a certificate must be accompanied by a non-refundable \$30 fee in the form of a money order or certified check made payable to the **State Superintendent of Education**.

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



**APPLICATION FOR SHORT TERM EMERGENCY
 CERTIFICATION IN SPECIAL EDUCATION**

DIRECTIONS: Please print or type. Submit this form and required documentation bearing all required signatures to your regional superintendent with a \$30 money order made payable to the State Superintendent of Education. No fee is required for a reassignment of the certificate to another school district.

SECTION I: APPLICANT INFORMATION

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle, Maiden)	SEX	BIRTHDATE / /
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HOME ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code) ()
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CERTIFICATE HELD: Type: _____ Certificate Number: _____	This request is for a: <input type="checkbox"/> New Certificate <input type="checkbox"/> Reassignment of Previously Issued Certificate (no fee - complete only Parts I, IIIa or IIIb)
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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: Yes No Ever had a certificate denied, suspended or revoked in Illinois or any other state? **Signature Required**

Yes No Ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state? *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.*

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? _____ Date

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 of Applicant

SECTION II: REQUESTING TEACHER

I certify that

1) I have attached official transcripts showing that I have completed a course in survey of exceptional children and at least one of the other areas required under 23 Ill. Adm. Code 226.810(b). _____ Signature

2) I have attached a plan of education designed to qualify me for certification or approval as an unlimited LBS I in the three year period of validity of the requested certificate that includes supervised clinical experiences and other courses required for this approval offered by the institution in which I have enrolled. _____ Date

SECTION IIIa: FOR EMPLOYING PUBLIC SCHOOL DISTRICT, COOPERATIVE, JOINT AGREEMENT

REGION COUNTY DISTRICT TYPE CODE	DISTRICT NAME, COOPERATIVE OR JOINT AGREEMENT
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DISTRICT ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)
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As administrator of this entity, I certify that

1) I have attached a description, bearing my signature, of my efforts to locate a certificated or approved individual to accept this teaching position and that I have been unable to secure the services of an appropriately certificated or approved individual. _____ Name _____ Title

2) I have attached a description of the students' disabilities and the supervision to be provided to this individual, including the name and qualifications of the supervisor. _____ Signature _____ Date

SECTION IIIb: FOR NONPUBLIC SPECIAL EDUCATION FACILITIES

FACILITY CODE	NAME OF EMPLOYING FACILITY	CONTACT PERSON
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COUNTY	FACILITY ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)
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As administrator of this entity, I certify that

1) I have attached a description, bearing my signature, of my efforts to locate a certificated or approved individual to accept this teaching position and that I have been unable to secure the services of a appropriately certificated or approved individual. _____ Name _____ Title

2) I have attached a description of the students' disabilities and the supervision to be provided to this individual, including the name and qualifications of the supervisor. _____ Signature _____ Date

SECTION IV: COLLEGE/UNIVERSITY VALIDATION

As certification officer of this institution, I certify that the teacher named above is enrolled in a teacher preparation program leading to approval as a Learning Behavior Specialist I and that the plan as described can be completed in the three year period allotted to this certificate.

[Seal]

_____ Name	_____ Title	_____ Signature	_____ Date
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SECTION V: REGIONAL OFFICE

I recommend issuance of this certificate.

_____ Region	_____ Regional Superintendent	_____ Signature	_____ Date
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