

**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**  
 Certification & Professional Development Department  
 100 North First Street  
 Springfield, Illinois 62777-0001



**APPLICATION FOR ONE-YEAR REINSTATEMENT**

**INSTRUCTIONS:** Please print or type the information requested, sign the form in ink, and return it with the required registration fee. Registration for one year is \$5; however, if you hold multiple certificates, contact your regional office of education since your reinstatement fee may be covered by the registration of other certificate(s) you hold.

**REINSTATING CERTIFICATES TO COMPLETE PROFESSIONAL DEVELOPMENT REQUIREMENTS**

- INITIAL CERTIFICATE:** I have accrued four years of teaching experience on an Initial Teaching Certificate and request a one-year reinstatement of that certificate. I understand that during this reinstatement I must complete the applicable continuing education requirement for eligibility for the Standard Teaching Certificate. I have attached letter(s) verifying my four years of teaching experience.
- STANDARD CERTIFICATE:** I am requesting a one-year reinstatement to complete professional development requirements for registering a valid and active Standard and/or Master Teaching Certificate(s). I understand that during this reinstatement I must complete five semester hours of education-related coursework in addition to the applicable continuing education requirement that was not completed during the last validity period of my certificate(s).
- ADMINISTRATIVE CERTIFICATE:** I am requesting a one-year reinstatement to complete professional development requirements for registering a Type 75 or 77 Administrative Certificate. I understand that during this reinstatement I must complete the continuing education requirement that was not completed during the last validity period of my certificate plus the applicable penalty (available at [www.isbe.net](http://www.isbe.net)).

**REINSTATING LAPSED CERTIFICATES**

- I am requesting a one-year reinstatement to reinstate a certificate for which registration has not been paid for five years or more. I understand that during this reinstatement, I must complete five semester hours of education-related coursework

**FOR ALL CERTIFICATE REINSTATEMENTS**

- I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order, and I understand that failure to so certify shall result in disciplinary action and that making a false statement may subject me to contempt of court. I further verify that the information provided below is correct.

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle, Maiden)	BIRTHDATE / /
HOME ADDRESS (Street Number, City, State, Zip Code)		
TELEPHONE (Home) ( ) ( )	(Work) ( ) ( )	U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No
		SEX <input type="checkbox"/> Female <input type="checkbox"/> Male

**CERTIFICATE(S) TO BE REINSTATED**

CERTIFICATE TYPE	CERTIFICATE NUMBER	ISSUE DATE	REGION ISSUED	REGISTERED UNTIL

- ROE Use Only -	
REGISTERED THRU	REGISTRATION FEE
CHECK NO.	MONEY ORDER NO.
RECEIPT NO.	DATE

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