ILLINOIS STATE BOARD OF EDUCATION

Educator Licensure Division 100 North First Street, S–306 Springfield, Illinois 62777-0001



APPLICATION FOR PROVISIONAL VOCATIONAL CERTIFICATE

IMPORTANT: Read instructions on back of this form before completing this application. Please print or type.

Check (
APPLICANT NAME (Last, Middle, First, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)	
ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code	
	E-MAIL		
I. DISTRICT NAME AND NUMBER OF EMPLOYING SCHOOL DISTRICT			

II. SPECIFIC VOCATIONAL SUBJECT TO BE TAUGHT

III. ACADEMIC PREPARATION (Attach official transcripts.)

NAME OF INSTITUTION	DATES ATTENDED			
	FROM Month/Year	TO Month/Year	MAJOR SUBJECT AREA	TOTAL CREDITS EARNED

IV. EMPLOYMENT EXPERIENCE (Attach a original letters of experience or, if self-employed, a notarized statement of experience.)

PLACE OF EMPLOYMENT	FROM Month/Year	TO Month/Year	SPECIFIC TYPE OF WORK	IF APPLICABLE, LICENSE HELD (TYPE AND NUMBER)

I certify that the above information and statements are correct, to the best of my knowledge.

Date		Original Signature of Applicant		
District Signature is required for terr	porary provisional vocational certi nat actual circumstance and need	ard of Education and is a matter of record in the official minutes of the Board. ficate. I further certify that no teacher with a provisional vocational certificate or necessitates the issuance of this Temporary Provisional Vocational Certificate		
·	Date	e		
Transmitted by:	Date	Original Signature of Superintendent of Employing District		
-	Date	Original Signature of Regional Office of Education Superintendent		
ISBE USE ONLY				
Recommended:				
Not Recommended:	Date	Signature of State Board Official		

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Unless this form is properly completed, the processing of your application will be delayed. Carefully observe the directions below.

- 1. TWO COPIES REQUIRED complete two copies of this form and submit them to the Regional Superintendent.
- 2. **TWO COPIES OF "APPLICATION FOR CERTIFICATE"** this form must also be accompanied by two "Application for Certificate" forms (ISBE 73-03). Follow the directions on those forms for their proper completion.
- SIGNATURES REQUIRED The following individuals must sign both this form and the "Application for Certificate" (ISBE 73-03)
 - (a) you, the applicant
 - (b) the Superintendent of the employing district when the application is for a temporary provision vocational certification only.
 - (c) the Regional Superintendent when the application is for a temporary provision vocational certification only.

4. THE FOLLOWING INSTRUCTIONS REFER TO THE NUMBERED CATEGORIES ON THE OPPOSITE SIDE OF THIS FORM.

- (I) Employing District this section must be completed by the local superintendent and shall state the legal title and number of same. (If applicable)
- (II) Proposed Title of Certificate this section must be completed by the employing superintendent and state the specific title for certificate requested. The title must correspond with the course to be taught, i.e. Health Care Aide, Auto-Body, Licensed Practical Nursing, Refrigeration and Air Conditioning, etc.
- (III) Academic Preparation you must include official transcripts showing 60 semester hours of college credit if you wish the Provisional Vocational Certificate. The Temporary Provisional Vocational Certificate requires no college credit.
- (IV) Employment Experience this section must indicate all employment directly related to the area of endorsement.
- 5. LETTERS OF VERIFICATION OF EMPLOYMENT EXPERIENCE all applications must include letters of experience from your employer(s) detailing the specific tasks you performed while in his/her employ and the length of time you were in his/her employ. This experience must be **directly** related to the area of endorsement.

The work experience requirement is as follows:

- (a) Provisional Vocational 2,000 hours of work experience.
- (b) Temporary Provisional Vocational 8,000 hours of work experience.
- 6. **SELF-EMPLOYMENT -** If you were self-employed you must enclose a notarized statement detailing the experience as above.