# AARON MERCIER REGIONAL SUPERINTENDENT amercier@roe8.com



## BRENT CHRISMAN ASSISTANT SUPERINTENDENT <u>bchrisman@roe8.com</u>

### **SUBSTITUTE TEACHING – No Illinois License**

To apply for a Substitute License you must:

- Submit Official Transcripts showing at least a bachelor's degree to the Regional Office.
  - o sealed envelope by the college **OR**
  - o eSCRIPT from the college to Chris Coy at: ccoy@roe8.com
- Apply online thru **ELIS** instructions are included
- Pay a \$50 application fee online at the time of application
- Pay a \$60 registration fee online once the license is issued

#### Please complete and return the following:

- Substitute Registration form
- Background Check Authorization form
- Fingerprint Vendor Selection form
  - o All fingerprint fees are paid by the Educator.
  - o Submit a personal check made out to ROE8 for the fee indicated.
  - Once fees are received an instruction letter will be sent with information you will need to set up an appointment.
- Employee Health Examination
- DCFS Mandated Reporter System form
- Teachers' Retirement System form

### Please note the following:

Do **NOT** go directly to the selected agency to be fingerprinted; please wait for an instructional letter from the ROE to be sent to you.

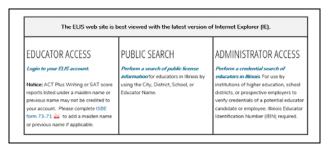
Effective July 1, 2011 individuals applying to work as a substitute teacher must pay the cost of their criminal background investigation

If removed from the list for a period of one year or more, individuals will be required to be re-fingerprinted and provide an updated health examination.

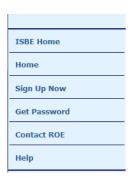
### Applying for an Illinois License – First Time Users

Log into: https://www.isbe.net/Pages/Educator-Licensure-Information-System.aspx

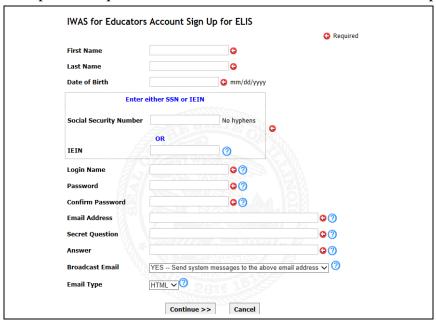
Under "Educator Access", click on "Login to your ELIS account".



### Click on "Sign Up Now" in the left hand column



### Complete the questions on the IWAS for Educators Account page





When completed you'll be directed to your ELIS account Home Page

### Applying for an Illinois License – First Time Users

Select the license type you're applying for.

#### Are you completing an educator preparation program at an Illinois institution?

- Yes? Do not apply yet. Contact your institution for more information about how and when to apply.
- · No? Continue on.

#### What do you need to do?

1. Apply for a Professional Educator License (PEL). Apply now!

Examples: Teacher, Administrative, School Support Personnel

2. Apply for an Educator License with Stipulations (ELS). Apply now!

Examples: Career and Technical Educator, Transitional Bilingual Educator, Provisional Vocational Occupational Field, Paraprofessional, Visiting International Teacher

- 3. Apply for a Substitute License (SUB). Apply now!
- 4. Apply for an Approval. Apply now!

Examples: School Social Work Intern, Interim Speech-Language Pathologist Intern, Short Term Emergency

5. Apply for a Paraprofessional Endorsement (NCLB). Apply now!

### Click NEXT when done reading.

Step 1 – Introduction and Overview

This wizard will lead you through the application process. Answering the questions will help direct you to the appropriate Illinois credential for which you should apply.

For more information about Illinois licenses, click on the following link: http://www.isbe.net/adteach.htm.

Click "Next" below when you are ready to start the application wizard.

© Continue - Please continue the wizard

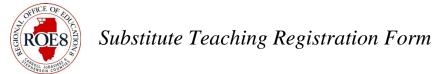
Cancel - Please cancel the wizard

Next



The system will then walk you through a series of questions, please read theses carefully.

 You'll be directed to enter a credit or debit card for payment at the end of the application process.



| NAME:  | DATE OF BIRTH:  |   |  |  |
|--|---|---|--|--|
| ADDRESS:   |   |   |  |  |
|  |   |   |  |  |
| PRIMARY PHONE:   | SECONDARY PHON  | E:                                      |  |  |
| EMAIL:   |   |   |  |  |
|  |   |   |  |  |
| Please check the school  | l districts where you would like  | to substitute for FY2019                |  |  |
| <b>CARROLL COUNTY</b>  | JO DAVIESS COUNTY   | STEPHENSON COUNTY                       |  |  |
| ■ 308 Eastland (Lanark/Shannon)  | ■ 119 East Dubuque  | ■ 145 Freeport*                         |  |  |
| 314 West Carroll (Mt.Carroll/Savanna/Thomson)  | ■ 120 Galena  | ■ 200 Pearl City                        |  |  |
| ■ 399 Chadwick-Milledgeville   | 205 Warren  | ■ 201 Dakota                            |  |  |
|  | 206 Stockton  | ■ 202 Lena-Winslow                      |  |  |
|  | 210 River Ridge (Elizabeth/Hanover)   | ■ 203 Orangeville                       |  |  |
|  | ■ 211 Scales Mound  | Regional Alternative Program (Freeport) |  |  |
|  | Jo Daviess-Carroll CTE Academy (Elizabeth)  |   |  |  |
|  | Regional Alternative Program (Elizabeth)  |   |  |  |
| Grade Level: Subject Area(s):  |   |   |  |  |
| OR   |   |   |  |  |
| Please note that if you are remo   | interested in being included on the yed from the sub list, and choose to submit a new background check as | re-add your name at a later date, you   |  |  |
| *If you wish to substitute teach at <u>Freeport School District</u> , and have not done so before, please contact their Human Resource Department at (815) 232-0300. If you have substituted with them previously, you do not need to contact them unless there is a change in your contact information. |   |   |  |  |
|  |   |   |  |  |

| FY 2019- FOR OFFICE USE ONLY |         |               |  |  |
|------------------------------|---------|---------------|--|--|
| Date:                        | IEIN #: | Renewal Year: |  |  |

## AARON MERCIER REGIONAL SUPERINTENDENT amercier@roe8.com



## BRENT CHRISMAN ASSISTANT SUPERINTENDENT bchrisman@roe8.com

#### SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district, including persons who or firms holding contracts with the district who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check and a check of criminal databases to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

- I authorize the Regional Office of Education 08 to check for my name on the Statewide Illinois Sex Offender Database.
- I further authorize the Regional Office of Education 08 to check for my name on the Illinois State Police Murderer and Violent Offender Against Youth Registry.
- If I reside out of state I authorize the Regional Office of Education to check for my name on that State's data base(s) for Sex Offenders, Murderer and Violent Crimes Against Youth.

I understand that conviction on any of the enumerated offenses or the presence of my name on any of these reports will exclude me from substitute teaching in ROE 08 schools and could result in the suspension, revocation, or surrender of my teaching license(s).

I understand the Regional Superintendent shall share criminal history reports with the Superintendent of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Licensure Board. I further understand that a copy of the criminal history check shall be provided to me.

I understand that I am responsible for the payment of the cost of the criminal history check.

I understand that I will not be added to the ROE 08 Substitute Teacher listing until the Regional Office receives my background check results from the Illinois State Police and the Federal Bureau of Investigation and my Employee Health Examination form.

I understand that having my name placed on the ROE 08 Substitute Teacher listing does not guarantee that I will be hired as a Substitute Teacher.

| NAME      |      |  |
|-----------|------|--|
| SIGNATURE | DATE |  |

### AARON MERCIER

REGIONAL SUPERINTENDENT amercier@roe8.com



## BRENT CHRISMAN ASSISTANT SUPERINTENDENT bchrisman@roe8.com

### **Fingerprint Vendor Selection**

Please select a vendor and follow the instructions listed below

| Stewart & Associates Freeport, Mon-Fri 8:30am- 4:30pm Rockford, Wed-Thurs 2:00pm- 4:00pm Fee - \$48.25 | Please make check payable to ROE 8 for \$48.25  Do NOT schedule an appointment with the vendor until you have been contacted or received a letter from the Regional Office.   |
|--|---|
| Carroll County Sheriff's Department –  Mt. Carroll  Mon-Fri, 8:00am- 5:00pm  Fee - \$28.25             | Please make check payable to ROE 8 for \$28.25  Do NOT schedule an appointment with the vendor until you have been contacted or received a letter from the Regional Office.  *The Carroll County Sheriff's Department does tak appointments; however, there may be delays at the time of your appointment due to staffing shortage. |
| Jo Daviess County Sheriff's<br>Department – Galena<br>Tuesdays, 8:00am- 4:30pm<br>Fee - \$28.25        | Please make check payable to ROE 8 for \$28.25 DO NOT schedule an appointment with the vendor unt you have been contacted or received a letter from the Regional Office.  *There will be an additional \$26.00 fee due to Jo Daviess County Sheriff's Office at the time of the appointment.  |
| Please complete th   | e following information:  |
| Last Name First Name   | e Middle Name   |
| Date of BirthSex   | _Social Security Number   |
| Address  |   |
| City:S   | state: Zip:   |
| Email Address  | Phone #   |
| Signature  | Date Revised Aug 20   |

### **AARON MERCIER**

REGIONAL SUPERINTENDENT amercier @roe8.com



## BRENT CHRISMAN ASSISTANT SUPERINTENDENT bchrisman@roe8.com

| ADDRESS:   |  |
|--|--|
| TELEPHONE:   | DATE OF BIRTH:   |
| employees evidence of physical from consist of a physical examination than 90 days preceding time of the health examinations, including so of Public Health or by order of a lithe employee. | ILCS 5/24-5, mandates that the Regional Office require of new itness and freedom from communicable diseases. Such evidence shall made by a physician licensed in Illinois or any other state not more to presentation to the board. An employee may be subject to additional treening for tuberculosis, as required by rules adopted by the Department local public health official. Cost of such examination(s) shall rest with |
|  | LOYEE HEALTH EXAMINATION   |
|  | that the above named person meets the requirements of all fitness and is free of communicable diseases.  |
| Date of Exam:  |  |
| Name/Address of Clinic/Office:   | :  |
|  |  |
|  |  |
|  |  |
| Name of Physician/Physician A  | ssistant:  |
|  |  |



### ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

| I,   | , understand that when I am employed as a  |
|--|--|
| (Employee Name)  |  |
|  | , I will become a mandated reporter under the  |
| report to be made to the child abuse Hotline measonable cause to believe that a child known  | 25 ILCS 5/4]. This means that I am required to report or cause a umber at 1-800-25-ABUSE (1-800-252-2873) whenever I have to me in my professional or official capacity may be abused or when calling the Hotline number and that the Hotline operates r year.   |
| grounds for failure to report suspected child ab   | of communication between me and my patient or client is not suse or neglect, I know that if I willfully fail to report suspected a Class A misdemeanor. This does not apply to physicians who ciplinary Board for action.  |
| Nursing Act of 1987, the Medical Practice Act Acupuncture Practice Act, the Illinois Optomet Physician Assistants Practice Act of 1987, the PLICENSING Act, the Clinical Social Work and SAct, the Dietetic and Nutrition Services Practice Practice Act, the Respiratory Care Practice Act, | asing under but not limited to the following acts: the Illinois of 1987, the Illinois Dental Practice Act, the School Code, the tric Practice Act of 1987, the Illinois Physical Therapy Act, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Social Work Practice Act, the Illinois Athletic Trainers Practice act, the Marriage and Family Therapy Act, the Naprapathic the Professional Counselor and Clinical Professional Counselor athology and Audiology Practice Act, I may be subject to license fort suspected child abuse or neglect. |
| I affirm that I have read this statement and have which apply to me under the Abused and Negleon   | ve knowledge and understanding of the reporting requirements, cted Child Reporting Act.  |
|  | Cincolar of Analisa of Europe  |
|  | Signature of Applicant/Employee  |
| CANTS 22   | Date   |

Office of the Director 406 E. Monroe Street • Springfield, Illinois 62701 www.DCFS.illinois.gov

Rev. 8/2013

#### TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS



# Member Information and Beneficiary Designation Form

| First Name   | Middle Initial   | Last Name   | 2)   | Maiden Name  | Member Social S (Required for tax-rep                                    |  |
|--|--|---|--|--|--|--|
| Date of birth  | Gender Male  | Fem   | ale  | Home telephone   | number   |  |
| Street Address   |  |   |  | Work telephone i   | number   | Extension  |
| City   |  |   |  | Cell phone numb  | er   |  |
| State  |  | Zip   |  | Email address  |  |  |
| copy of the birth certific  My birth certificate is al   | Please select one:  I have included my proof of birth that is required to receive any future benefits from TRS. Acceptable proof of birth includes a copy of the birth certificate, valid passport, valid driver's license or other state-issued identification card.  My birth certificate is already on file with TRS.  Member of another Illinois public employee retirement system (specify system's name) |   |  |  |  |  |
| By completing this form, a T form will become part of the designation revokes any prior will remain in effect. Eligibility be paid only to eligible depend If the automatic designation is  Automatic Designs  | member's permanent Tl<br>designation. If this currently is determined by the su<br>tent beneficiaries.*  | RS record and designation arrivor's state the Benefic | nd will detern is found to latus at the time | mine distribution be invalid, the mose of the member's or Survivor Benefit | of death and survive trecent designation death. Monthly surves sections. | vor benefits. This<br>on file with TRS<br>vivor benefits can |
| In lieu of designating sp  | pecific beneficiaries, I ele   | ct that my de   | ependent bene                                | ficiaries, as detern   | nined at my death, re  | eceive a   |
| beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.  If automatic designation <b>is not selected</b> , you must complete the Beneficiary Refund section. Alternate beneficiaries will receive benefits should primary beneficiaries predecease the member. When a beneficiary designation includes more than one person, the benefits are divided equally among the living beneficiaries of that class (primary or alternate).  |  |   |  |  |  |  |
| Benefic  | iary Refund  | uss (primur)  |  | Surviv   | vor Benefits   |  |
| Primary First name La  | y Beneficiaries<br>ast Date of birth Ro  | elationship   | First name                                   | Primar<br>La   | y Beneficiaries<br>st Date of birth                                      | Relationship   |
| Alternat First name La   | te Beneficiaries<br>ast Date of birth Ro   | elationship   | First name                                   | Alterna<br>La  | te Beneficiaries<br>st Date of birth                                     | Relationship   |
|  |  |   |  |  |  |  |
| If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.  |  |   |  |  |  |  |
| <b>Certification:</b> By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that, if the TRS Board has reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the state's attorney for investigation. |  |   |  |  |  |  |
| Member's signature (mandatory)   |  |   |  | Date   | e  |  |
| Signature pursuant to a General Power of Attorney is not accepted by TRS.  You may fax the form to TRS at (217) 787-2269  *See page 2 for more information.  |  |   |  |  |  |  |

### **Types of Beneficiaries**

The member may designate a beneficiary to receive survivor benefits. If this individual is a dependent beneficiary, then he or she is eligible to receive either monthly benefits or a lump-sum payment. However, if the member designates a nondependent beneficiary, only a lump-sum benefit is payable. Monthly benefits **cannot be paid** to dependent beneficiaries if a nondependent beneficiary is also designated and survives the member.

**Dependent beneficiary.** A spouse to whom the member has been married for at least one year, except where a child is born of the marriage in which case the qualifying period is not applicable; a civil union partner to whom the member has been partnered for at least one year; an unmarried natural or adopted child under 18, or between ages 18 and 22 if he or she is a full-time student in an accredited educational institution, or an unmarried child of any age who is dependent by reason of a physical or mental disability and claimed as a dependent on the member's final federal income tax return; a dependent parent who received from the member at least half of his or her support for the 12-month period immediately prior to the member's death.

**Nondependent beneficiary.** Any other designated person or entity who is not a dependent beneficiary.

### **Types of Benefits**

**Beneficiary Refund.** This benefit is only payable upon death. The member cannot elect to receive this benefit. This refund includes a return of the member's retirement contributions, statutorily required interest on the retirement contributions, and member contributions paid toward the annual increases in annuity. This refund is payable: to a designated beneficiary; if no beneficiary is designated, to the surviving spouse or civil union partner; or if no one is designated and there is no surviving spouse or civil union partner, to the member's estate. After retirement, this amount is reduced by the amount of retirement benefit payments made to the member.

**Survivor Benefits.** A beneficiary is eligible to receive a lump-sum survivor benefit if the member's death occurs during TRS-covered employment or in the 12-month period immediately following the last day of earnings, while on a creditable leave of absence, or while receiving disability benefits.

A dependent beneficiary may also be eligible to receive monthly survivor benefits if certain requirements are met by the member before death.

Children, unless named as a beneficiary on the MIBD form, are only eligible for benefits if they are the children of the surviving parent who will receive monthly benefits. In the case of a divorce, if the member names the new spouse or civil union partner and had children with the prior spouse or civil union partner, those children are not eligible for monthly survivor benefits.

For instructions on designating a trust, please contact TRS.

A Qualified Illinois Domestic Relations Order (QILDRO) on file with TRS when the member dies may affect distribution of survivor benefits. For more information about QILDROs, please consult the QILDRO publication available on the TRS website.

As with all TRS benefits, death and survivor benefits must be paid in accordance with the Pension Code, 40 ILCS 5/16. If there is any discrepancy between the information on this form and applicable law, the law controls.