

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.

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



STATE-APPROVED PROGRAM VERIFICATION

Date

PART I - APPLICANT

An applicant for an Illinois teaching, administrative or school service personnel certificate who has completed a state-approved program of preparation at a college or university shall use this form to properly verify the program's completion. Provide the information requested in Part I of this form including the name and address of the Regional Superintendent's office through which you are making application for Illinois certification. Please request the college/university to forward the completed form to the Regional Superintendent at the address you have provided.

APPLICANT'S NAME (Last, First, Middle) _____ MAIDEN NAME _____

APPLICANT'S ADDRESS (Street, City, State, Zip Code) _____ SOCIAL SECURITY NUMBER _____

PHONE (Area Code) _____

NAME OF REGIONAL SUPERINTENDENT'S OFFICE IN WHICH APPLICANT WISHES TO APPLY FOR CERTIFICATION _____

REGIONAL SUPERINTENDENT'S OFFICE ADDRESS _____

NAME OF COLLEGE/UNIVERSITY _____ PHONE (Area Code) _____

ADDRESS _____

PART II - COLLEGE/UNIVERSITY

Please verify that the above named applicant has completed your state-approved program of preparation which, in your state, leads to a certificate comparable to the specific types listed below. Please stamp the completed form with the appropriate seal of the institution, date it, and affix the signature of the registrar, certification officer or other authorized official. Forward the form to the Regional Superintendent's office listed above by the applicant.

TYPE OF CERTIFICATE FOR WHICH APPLICATION IS BEING MADE

**TEACHING
 CERTIFICATE**

**SCHOOL SERVICE PERSONNEL
 CERTIFICATE (K - 12)**

**ADMINISTRATIVE
 CERTIFICATE**

Early Childhood _____
 Age or Grade Level

Guidance

General Administrative (K-12)
 (Principal)

Elementary (K-9) _____
 Grade Level

School Social Worker

Superintendent (K-12)

Secondary (6-12) _____
 Teaching Field(s)

School Psychologist

Chief School Business Official

School Nurse

Director of Special Education

Special (K-12) _____
 Grade Level and/or Teaching Field(s)

Speech Language Pathology,
 Non-Teaching

COLLEGE/UNIVERSITY
 Seal

Transitional Bilingual _____
 Languages

I certify that the applicant has completed all requirements of our approved program for which recommendation is given.

Date

Signature of Registrar or Authorized Official