

Note: City of Chicago Residents should forward this form to the Educator Certification Division, Illinois State Board of Education, 100 North First Street, S-306, Springfield, Illinois 62777-0001. Please call 217/557-6763 for applicable fee amount.

ILLINOIS STATE BOARD OF EDUCATION

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



APPLICATION FOR VISITING INTERNATIONAL TEACHER CERTIFICATE

Directions: Please print or type the information requested, and sign in ink. Return this completed form to your Regional Office of Education, and include the applicable fee in the form of a cashier's check. (Contact information is in your telephone book under local or county government, or at <http://www.isbe.net/regionaloffices/pdf/roedirectory.pdf>.) Please contact your regional superintendent regarding to whom the cashier's check should be made payable. Chicago residents should mail the application and applicable fee in the form of a cashier's check, payable to the **State Superintendent of Education**, to the above address. Fees are not refundable or transferable. The applicant must complete all portions of Part I. The district must complete all portions of Part II. Attach all documentation requested. The Visiting International Teacher Certificate is valid for three years and is non-renewable.

PART I – APPLICANT INFORMATION

PRINT NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	HOME TELEPHONE (Include Area Code)	E-MAIL
HOME ADDRESS (Street, City, State, Zip Code)	BIRTHDATE (mm/dd/yyyy)	WORK TELEPHONE (Include Area Code)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female

(Attach written explanation for Yes answers.)

Yes No Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?

Yes No Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?

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 and 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?

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 Required

I certify, under penalty of perjury, that I do not have a child support order, and/or that I am not more than 30 days delinquent in complying with a child support order. I understand that I must sign this statement, whether or not I have children, and failure to so certify may result in disciplinary action, and making a false statement may subject me to contempt of court. A written explanation is required for those unable to complete this certification.

Original Signature of Applicant

Date

EDUCATION:	INSTITUTION NAME	DATES ATTENDED		CITY/STATE (PROVINCE)/COUNTRY	DEGREE/DIPLOMA	LANGUAGE OF INSTRUCTION	DATE
		Month/Year TO	Month/Year				
Elementary School							
Secondary School							
Pre-University							
University							

CERTIFICATES:

Early Childhood (Type 54) Secondary (Type 59) Subject _____

Elementary (Type 53) Special (Type 50) Subject _____

I wish to have a bilingual endorsement in Language _____

I wish to obtain an endorsement in the language of instruction used at my university.

Date **Original Signature of Applicant**

PART II – TO BE COMPLETED BY DISTRICT SUPERINTENDENT

<p>This District has entered into an agreement with the State Board of Education to test candidates for the Visiting International Teacher Certificate in the English language, to assess their educational programs, to review their backgrounds for criminal convictions and to determine degree equivalence. As district superintendent, I do hereby certify:</p> <ol style="list-style-type: none"> The individual named above has passed and has achieved a passing score of grade level 10.7 or better on the Nelson Denny test in English and has achieved an oral proficiency level in an English oral proficiency interview of at least 2+ on the rating rubric of ACTFL. Evaluations are enclosed. I have enclosed the district's evaluation methods and conclusions concerning each of the following: the individual's degree equivalence, the grade level of teaching for which the individual has prepared, the individual's major and the subject matter competency examinations associated with the major, and the national means of recording criminal convictions used in the individual's country. The district has followed the procedures used for determining the individual's criminal history, and nothing in the record would disqualify the individual under Sec. 10-21.9c of the School Code of Illinois. I have enclosed an original foreign credentials evaluation from one of the approved evaluation sources to verify our conclusions about the applicant's education. 	SCHOOL DISTRICT NAME AND NUMBER	TO BE COMPLETED BY REGIONAL SUPERINTENDENT	
	REGION, COUNTY, DISTRICT, TYPE CODE		I recommend certificate issuance upon determination that all requirements of the Visiting Teacher Certificate have been fulfilled.
	DISTRICT SUPERINTENDENT NAME		_____
	Date		_____
	Original Signature of Regional Superintendent		
	_____	ROE	
	Date Original Signature of District Superintendent		