



**APPLICATION FOR REINSTATEMENT - COLLEGE COURSEWORK**

**NOTE:** Please be advised that per SB 3393 you also have the option of paying the \$500.00 penalty fee to reinstate your lapsed certificate(s). Please see ISBE form 73-93B for more information.

**Directions:** Please print or type the information requested, and sign in ink. Return the 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.

Developmental courses may not be applied towards the 9 semester hour requirement to reinstate a lapsed certificate. Developmental courses are typically those with course numbers under the 100 level although this is not universal. Please check with your institution to confirm whether or not a particular course is considered developmental. Also, methods courses may not be applied towards the 9 semester hour requirement.

My certificate has lapsed because it has not been renewed and/or registered for 6 months from the expiration of the last year of registration. I request that my lapsed certificate be reinstated. I have enclosed an official transcript(s) from a regionally accredited institution of higher education to demonstrate that I earned 9 hours of credit in my content/endorsement area within the past 5 years. Also enclosed is a cashier's check for the amount of the back fees owed. I have elected to complete the 9 semester hours instead of paying the \$500.00 penalty fee to reinstate my certificate.

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

(Attach written explanation for Yes answers.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?	<p style="text-align: center; margin: 0;"><b>Signature Required</b></p> <p style="font-size: small; margin: 0;">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.</p> <p style="text-align: center; margin: 10px 0 0 0;">_____</p> <p style="text-align: center; margin: 0 0 0 0;"><i>Original Signature of Applicant</i></p> <p style="text-align: center; margin: 10px 0 0 0;">_____</p> <p style="text-align: center; margin: 0 0 0 0;">Date</p>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	

**CERTIFICATE(S) TO BE REINSTATED**

CERTIFICATE TYPE	CERTIFICATE NUMBER	ISSUE DATE	REGION ISSUED	REGISTERED UNTIL

\_\_\_\_\_ Date

\_\_\_\_\_ *Original Signature of Applicant*