



Short Term Substitute License Application Requirements

- Must hold an Associate degree or higher from a regionally accredited institution of higher education or show completion of 60 semester hours of coursework.
- Valid for substitute teaching in all grades of the public schools, prekindergarten through grade 12.
- Short-Term Substitute licenses are valid for five years.
- **Cannot teach more than five consecutive days per licensed teacher.**
- Must complete a training program approved by the school board.
- Can serve as a Paraprofessional.
- Request an official transcript in a sealed envelope be sent to the Regional Office of Education #26, 130 S. Lafayette, Suite 200, Macomb, IL 61455 OR you may bring an official transcript to our office (sealed envelope)

Log on to: www.isbe.net (Do not use Chrome and cannot use tablet or phone)

- Click on Teachers (top of page) Click on Log in to ELIS Educator Access
- Click on Log in to your ELIS account
- Click on Sign Up Now on the left side of the page

Once you fill in all the required fields, you will click to continue. Once logged into ELIS, you will click to apply for a Short-Term Substitute License and follow the application wizard. The application fee is **\$25**, and you will need to use a credit/debit card.

In order to be placed on our Substitute List you will need the following:

- Fingerprint/Background Check, which we do at the ROE in Macomb. The cost is \$70, and an appointment is required. You can make an appointment on our website: <http://www.roe26.net/testing/fingerprinting-and-background-checks>
- Statement of Good Health from a physician/TB test within the past 90 days
- Sign a Mandated Reporter Form
 - We recommend you complete the online training at:
<https://mr.dcfstraining.org/UserAuth/Login!loginPage.action>

Once all these steps have been completed and your criminal background information has cleared, you will be issued a Substitute Authorization. You are then placed on our Substitute List and you may take this authorization to the school districts you wish to substitute for. Please go to our website for a listing of all our schools. www.roe26.net. Call Cassie (309-575-3229) with any questions.

Short Term Substitute 23-24



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John Meixner
Regional Superintendent of Schools

Tel: (309) 575-3226 Fax: (309) 837-2887
jmeixner@roe26.net

SUBSTITUTE TEACHER 2023-2024

To be placed on our **Substitute List** for the 2021-2022 school year, please email (cparks@roe26.net) or mail this form to the Regional Office of Education, 130 S. Lafayette, Suite 200, Macomb, IL 61455 by July 31, 2023.

If your Substitute License is up for renewal this year you will need to renew it through your ELIS account. If you do not remember your login/password call 217-557-6763 and ISBE will reset it.

If you have not created an ELIS account, please do so.

Log on to: www.isbe.net (Do not use Google Chrome)

Click on Teachers (top of page)

Click on Login to your ELIS account

Educator Access

Click on Log in to your ELIS account

Click on Sign Up Now on the left side of the page

Make any necessary changes/updates (email, phone, address, etc.)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ DATE _____

SS# _____ or IEIN# _____ Email _____

PHONE _____ CELL _____

Check those counties/school districts in which you are willing to substitute.

HANCOCK CO.

- ☐ Carthage
- ☐ Dallas City
- ☐ Hamilton
- ☐ Illini West

- ☐ LaHarpe
- ☐ Nauvoo-Colusa
- ☐ Southeastern
- ☐ Warsaw

MCDONOUGH CO.

- ☐ Bushnell-Prairie City
- ☐ Macomb
- ☐ West Prairie

Fulton Co.

- ☐ Astoria
- ☐ Canton
- ☐ Fulton County (Cuba)
- ☐ Lewistown
- ☐ Spoon River Valley
- ☐ VIT

Schuyler Co.

- ☐ Schuyler/Industry

Call Cassie (309) 575-3229 with questions



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SUBSTITUTE TEACHER MEDICAL INFORMATION

LAST NAME:	FIRST NAME:	SS # OR IEIN #
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PHYSICIAN'S VERIFICATION OF GOOD HEALTH

Sec. 24-5 of the School Code states in part -- "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis presentation to the board, and the cost of such examination shall rest with the employee."

PHYSICIAN'S VERIFICATION

I have determined that the above-named applicant is able to perform the essential functions and duties of the position of substitute teacher with reasonable accommodations and that he/she is free of communicable diseases.

Date _____ / _____ / _____

Physicians Name _____

Physicians Signature _____

Address _____

TUBERCULOSIS SKIN TEST

Results: (circle one): Negative Positive

Reading: _____

Physicians Name Printed _____

Physician Signature _____



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Substitute Teacher Background Check Authorization Form

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 contact with the pupils of any district school, to authorize a fingerprint based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

____ I authorize the Fulton/Hancock/McDonough/Schuyler Regional Office of Education to: submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check; check for my name on the Statewide Illinois Sex Offender Registry; check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database; and check for my name on the National Sex Offender Registry.

____ 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 the Fulton/Hancock/McDonough/Schuyler County schools and could result in the suspension, revocation, or surrender of my teaching license(s).

____ I understand that 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 all criminal history checks.

____ I understand that receiving a Fulton/Hancock/McDonough/Schuyler County Substitute Authorization Certificate is necessary to substitute teach in the Fulton/Hancock/McDonough/Schuyler County Public Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Fulton/Hancock/McDonough/Schuyler Counties.

____ I understand that I will receive a Substitute Teacher Authorization after the results of all background checks are cleared, I have provided the ROE with a negative TB test, current physical and all required paperwork.

____ I understand that I am responsible for presenting the Substitute Teacher Authorization certificate to employing school districts in the region to copy for their records.

Name (Please print)

Date

Signature

IEIN or Social Security Number



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 8/2013

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



ROE #26

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

ROE #26 ("end-user") has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____



ROE #26

AUTHORIZATION FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by **ROE #26** ("end-user") and its consumer reporting agency Bushue Background Screening ("Agency"). In my connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for the End-User to procure such reports at any time during, as permitted by law, my employment (or other affiliation) with the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, my driving record, judgments, bankruptcy proceedings, evictions, other public records, criminal history records, fingerprint records, etc.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize the End-User and the Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Bushue Background Screening at (217) 342-3042 or info@bushuebackgroundscreening.com.

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>