



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 until June 30, 2028 and may not be renewed.
- **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.



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 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 Lindsay (309) 575-3229 with questions



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 _____



REGIONAL OFFICE OF EDUCATION

Champion our community.

John Meinert, Regional Superintendent of Schools
Fulton • Hancock • McDonough • Schuyler

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