



## Substitute Teacher Certification Instructions

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district including persons or firms holding contracts with the district that have direct daily contact with the pupils of any district school, to authorize a fingerprint- based criminal history and criminal database check to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

South Cook ISC can assist those individuals wishing to become substitute teachers. The process of becoming a substitute teacher is a two part process. Part 1 entails obtaining a substitute license; Part2 entails completing the mandated background checks and providing the appropriate health/physical examination results . To become a substitute teacher, please follow the steps outlined below:

### Part I

1. Obtain an ELIS account and apply for a Substitute teaching license  
<https://sec3.isbe.net/IW ASNET/login.aspx>
2. Submit official, sealed transcript(s) from a regionally accredited institution of higher learning that show a bachelor's degree has been conferred. NOTE: To be official, transcripts must be submitted in the sealed envelope from the college or university or be sent directly by the institution. Transcripts received that are not in a sealed envelope from the university or are not sent directly from the university will be considered unofficial and cannot be used for evaluation purposes. Electronic transcripts may be submitted to [vkinder@s-cook.org](mailto:vkinder@s-cook.org)
3. Register your license through your ELIS account  
<https://sec3.isbe.net/IW ASNET/login.aspx>
4. The cost to apply for the license is \$135. The Application fee of \$75 is required at the time of application and a Registration fee of \$60 is required upon receipt of the license. All payments are made electronically with a credit card and there is a processing fee.

Submit the above documents to:  
South Cook ISC  
Attn: Licensure  
253 West Joe Orr Rd.  
Chicago Heights, IL  
60411  
708-754-6600 (phone)  
708-754-8687 (fax)

After you have followed the steps above to apply for the license, you must complete the second part of the process before your certification is complete.

### Part 2

It is the responsibility of the applicant to complete the following steps and to pay any applicable costs associated with them.

1. Each applicant agrees to a fingerprinting and background check to be performed at South Cook ISC; please call 708-754-6600 to schedule an appointment. Please arrive 10 minutes before your scheduled appointment time, as you will need to complete an authorization and release form for your background check so that the results can be forwarded to any district to which you apply. You will be required to show a valid, government issued ID (e.g., Driver's License, State ID). The cost of the fingerprinting and background check is \$55, payable to South Cook ISC. **A money order or cashier's check is the only form of acceptable payment.** Payment is due at the time of your appointment. A personal check or cash will NOT be accepted.
2. Submit evidence of physical fitness and freedom from communicable disease. Your physical examination may be completed at a location of your choice and must have been completed within the last 90 days; however, you must provide the documentation to South Cook ISC to be maintained in your educator file.

After you have completed Part 1 and Part 2, and we have completed a positive review of your criminal background check, and physical examination, you will be issued a Certificate of Authorization that will enable you to pursue employment in any of the districts included in the South Cook ISC (Region 7) territory.

For a list of South Cook ISC (Region 07) districts, please visit [http://www.s-cook.org/WordPress/wp-content/uploads/South\\_Directory.pdf](http://www.s-cook.org/WordPress/wp-content/uploads/South_Directory.pdf)

Certification Hours: Monday: 1: 00-8: 00pm, Tuesday-Friday 8:30-3:30pm.



**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 daily 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 South Cook Intermediate Service Center to submit fingerprints, photo ID and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize South Cook Intermediate Service Center to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize South Cook Intermediate Service Center to check for my name on the Illinois Statewide Child Murderer and Violent Offenders against Youth Database.

I understand that conviction on any of the offenses enumerated in the school code or the presence of my name on any of these reports will exclude me from substitute teaching in South Cook County and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the South Cook Intermediate Service Center Executive Director shall share criminal history reports with the Superintendent (or his or her designee) of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I further understand that a copy of the criminal history check shall be provided to me if requested.

I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender against Youth Database.

I understand that receiving a South Cook Intermediate Service Center Substitute Authorization certificate is necessary to substitute teach in South Cook County Public Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in South Cook County.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
IEIN or Social Security Number



**Fingerprint Authorization & Release**

Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school district including persons or firms holding contracts with the district, who have direct daily 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. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated. By completing and signing this form I authorize South Cook Intermediate Service Center- Region 7 to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) & the Federal Bureau of Investigation (FBI).

**For Office Use Only:** IEIN: \_\_\_\_\_ License # and Type: \_\_\_\_\_  
 Submitting Agency ORI: \_\_\_\_\_ Receiving Agency ORI: \_\_\_\_\_  
 Cost Center: Fingerprinting Receiving School District; Agency: \_\_\_\_\_

**To Be Completed By Applicant (photo ID required):**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

City/State /Zip: \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ US Citizen  Yes  No

SSN \_\_\_\_\_ Drivers Licence Number \_\_\_\_\_ State

Sex	Race	Hair	Eyes
M = Male	W = White	BAL = Bald	BLK = Black
F = Female	B = Black	GRY = Gray	BLU = Blue
U = Unknown	H = Hispanic	BRN = Brown	BRN = Brown
	A = Asian / PI	BLK = Black	GRN = Green
	I = American Indian	BLD = Blonde	MUL = Multi
	U = Unknown	RED = Red	PNK = Pink
		SDY = Sandy	U = Unknown
		WHI = White	
		OTH = Other	

Sex \_\_\_\_\_ Height   
 Race \_\_\_\_\_ Weight   
 Hair \_\_\_\_\_  
 Eyes \_\_\_\_\_

I authorize South Cook ISC- Region 7 to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP) and the FBI. The ISP shall conduct a fingerprint-based criminal history records check and shall furnish to the president of the school board of the receiving school district the applicants records of convictions, until expunged. The president of the school board shall keep a conviction record confidential and share it only with the Superintendent the appropriate Regional Superintendent/Executive Director, the State Superintendent of Schools, the State Teacher Certification Board, or any other person necessary to the hiring decision. A copy of the record of convictions shall be provided to the applicant for employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE • FOR OFFICE USE ONLY**

Fingerprint Technician: \_\_\_\_\_ Fingerprinting Date: \_\_\_\_\_  
 Date Copy of Response was Provided to Applicant: \_\_\_\_\_ Date Applicant Notification of Inaccuracies: \_\_\_\_\_



## Health Exam Authorization Form

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address - City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Public Act 098-0716 states that as a condition for employment as a Substitute Teacher in the state of Illinois, you must provide evidence of physical fitness to perform duties assigned and freedom from communicable disease. Such evidence shall consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician. These results must be within the last 90 days to be in compliance with the Illinois School Code.

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### This Portion is to be completed by the Physician or Nurse Practitioner

I hereby certify and state that \_\_\_\_\_ (Substitute Teacher) is in good physical and mental health to perform the essential functions of the position of substitute teacher and is free from communicable disease.

Print Name: \_\_\_\_\_ Medical License #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Signature of Physician or Nurse Practitioner

Date



## Substitute License Sign – Off

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I understand that it is my responsibility to submit all required documentation to South Cook ISC in order for me to receive a substitute authorization letter from South Cook ISC.

Date                      Initials                      Please Read Carefully

\_\_\_\_\_                      \_\_\_\_\_                      I understand that it is my responsibility to submit documentation from my physician showing that I am free of communicable disease.

\_\_\_\_\_                      \_\_\_\_\_                      I understand that it is my responsibility to submit documentation from my physician stating that I am in good physical and mental health and am able to perform the duties of a substitute teacher.

\_\_\_\_\_                      \_\_\_\_\_                      I understand that I must be issued a valid substitute or professional educator license from the State Board of Education.

\_\_\_\_\_                      \_\_\_\_\_                      I understand that I must register my license in Region 07- South Cook.

\_\_\_\_\_                      \_\_\_\_\_                      I understand that if my background check comes back with a hit, I may be required to submit the certified court disposition and that such circumstance will significantly delay, and may prohibit, the issuance of my substitute authorization letter.

\_\_\_\_\_                      \_\_\_\_\_                      I understand that all fees for fingerprinting and licensing are non-refundable and non-transferable.

\_\_\_\_\_                      \_\_\_\_\_                      I understand that while we normally receive background results within two weeks, occasionally it can take up to three months.

\_\_\_\_\_                      \_\_\_\_\_                      I understand that the fingerprint technician must take a photograph along with my digital fingerprints.

If you have any questions, please either call our licensure staff at 708-754-6600, or email: [licensure@s-cook.org](mailto:licensure@s-cook.org).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Special Notes Regarding Fingerprinting

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Unfortunately, in some instances, a person's fingerprint submission contains illegible or insufficient minutia data

As a result:

- Fingerprint images cannot be processed by the Automated Fingerprint Identification System (AFIS)
  - If the first attempt at the fingerprint images results in an insufficient result a second attempt to reprint the applicant must be made, per Illinois State Police (ISP) and Federal Bureau of Investigations (FBI) regulations
  - If the ISP/FBI rejects the transaction a second time, a name based inquiry will be required
  - The cost for the initial background check is \$55 payable by money order or cashier's check
  - This fee includes a first and second attempt if applicable
  - If the first two attempts are rejected by the ISP/FBI and the background check does not provide sufficient results, an additional fee of \$16 will be charged to the applicant to submit a name based inquiry
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I understand that:

My fingerprints are accompanied by an electronic photograph taken by the fingerprint technician the day of my appointment.

My background check results usually takes two weeks to receive;

If more than one fingerprint attempt is required, my background check results may take at least three months to receive;

The first two fingerprint attempts are included in the original \$55 fee;

If a name check is required, I am responsible for the additional \$16 fee, payable via money order/certified check

I must submit documentation proving I am healthy enough to work and free of communicable disease in order to receive a substitute authorization

When my authorization is ready, I must pick up the results at South Cook ISC and I must show my driver's license or state id to receive the authorization

Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_