

## ROE #45 Substitute Teacher Packet

To substitute teach in any public school in Illinois, you need to hold a valid Professional Educator License (PEL), a Substitute Teacher License (SUB) or a Short-Term Substitute Teacher License (STS).

- If you hold a Professional Educator License (PEL) you *do not* need a Substitute Teacher License (SUB). Please skip ahead to step 2.
- The SUB License requires a bachelor's degree from a regionally accredited 4-year institution. It is valid for 5 years and is renewable.
- The Short-Term Substitute License requires an associate's degree or 60 college credit hours from a regionally accredited college. It is valid until June 30, 2028, and at this time, is not renewable.

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### STEP 1: Obtain a Substitute Teacher License from the State of Illinois (SUB or STS)

If you already hold a valid PEL, skip ahead to step 2.

- Submit an online application on the [Illinois State Board of Education ELIS site](#). (\$50 fee)
  - If you do not already have an ELIS (Educator License Information System) account, see instructions beginning on page 5.
- Submit official college transcripts via email at [nkoch@roe45.net](mailto:nkoch@roe45.net) (to be considered official, the transcripts have to be emailed directly from the college to the ROE) or via mail in a sealed envelope from the college to:  
Regional Office of Education #45  
ATTN: Licensure  
134 North Main Street  
Red Bud, Illinois 62278

### STEP 2: Register your License with Region #45 (SUB, PEL or STS)

Upon issuance of the License by Illinois State Board of Education, your license must be registered with the #45 region. This can be done once your License is *Issued* on your ELIS account and no longer *Pending Review*. There is a \$60 fee to register your License.

- In your ELIS account, select the Registration Tab
- Choose Region 45 Monroe-Randolph.
  - If your License is already registered with another region, you will not need to pay an additional fee to register with ROE #45.

(CONTINUED ON NEXT PAGE)

## REGIONAL OFFICE of EDUCATION

*Monroe & Randolph Counties*

134 North Main Street  
Red Bud, IL 62278  
(618) 680-0154



**KELTON DAVIS**  
*Regional Superintendent  
of Schools*

**CHRIS DIDDLEBOCK**  
*Assistant Superintendent  
of Schools*

### **STEP 3: Obtain Monroe-Randolph Substitute Authorization for the Master Substitute Teacher List**

To be placed on the Master Substitute Teacher list for Monroe-Randolph Counties, complete the following steps and submit the required materials to ROE #45:

- Complete the following forms and bring with you to the Fingerprint Background Check appointment, email to [nkoch@roe45.net](mailto:nkoch@roe45.net), prior to your appointment.
  1. Fingerprint Authorization & Release for Substitute Teachers
  2. Physician's Verification of Good Health (includes Physician Verification & TB Test)
  3. ISBE Applicant Disclosure Form (new as of July 1, 2023)
  4. ISBE Applicant Release Form for Employers (new as of July 1, 2023)
    - **IMPORTANT NOTE:** Please complete sections 2, 3, and 4 marked "to be completed by Applicant" only. The ROE office will send the form to the former employer for them to complete their part. Please fill out a separate form for each employer. A form needs to be completed for every employer, going back all the way to when you first started working, where you had direct contact with children or students. This includes any retail or fast food employment.
- Once ALL the above forms are completed, call the ROE #45 office to make an appointment to have the Fingerprint Background Check completed at the ROE #45 office in Red Bud.
  - There is a \$50 fingerprinting fee due to ROE #45 at the time of appointment and the process will take approximately 15 minutes. Cash, check or card is accepted. Call 618-680-0154 to schedule your appointment.
- Submit payment to be added to the ROE #45 Master Substitute Teacher List. Payment is due at the time of the Fingerprint Background Check. Cost is \$5 per year remaining in your License cycle. (The fee for a newly issued license is \$25.)
  - This fee can be combined with the \$50 Fingerprint Background Check fee.
  - The Master Substitute Teacher List is distributed to all Monroe-Randolph public school districts and contains applicant's contact information and status as a qualified substitute teacher.

### **To Renew Monroe-Randolph Substitute Authorization: (To be done at time of ELIS License renewal)**

The Substitute Authorization will be valid through the registration period of the license and will be renewed upon successful renewal of your license. You will be required to submit the Substitute Authorization Certificate registration fee after renewing your license for the next cycle.

If you have any questions about the process or your application, call the ROE office at 618-680-0154 or email Nicole at [nkoch@roe45.net](mailto:nkoch@roe45.net).



## Fingerprint Authorization & Release for Substitute Teachers

Cost: \$50.00. Payable by cash, Money Order or credit/debit card (service fees apply for credit/debit).

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school 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.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name/Suffix: \_\_\_\_\_

Full Maiden Name: \_\_\_\_\_ Other Names Used or Aliases: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (State): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Substitute Teaching Preferences (Please list specific school districts.):**

Grades: \_\_\_\_\_ Subjects: \_\_\_\_\_

School Districts: \_\_\_\_\_

\_\_\_\_\_ I authorize the Monroe-Randolph 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.

\_\_\_\_\_ I authorize the Monroe-Randolph Regional Office of Education to check for my name on the Statewide Illinois Sex Offender Database, Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.

\_\_\_\_\_ I understand that I am responsible for the payment of the cost of the fingerprint-based criminal history check and Regional Office reviews of all databases listed above.

\_\_\_\_\_ I authorize the Regional Superintendent to share criminal history reports with the superintendents of school district, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I understand that a copy of the criminal history check shall be provided to me in the event of any negative results in the criminal history report.

\_\_\_\_\_ I understand that receiving a Monroe-Randolph Substitute Authorization is necessary to substitute teach in Monroe-Randolph public schools AND that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Monroe or Randolph Counties.

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

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

**FOR ROE USE ONLY**

Fingerprint Technician \_\_\_\_\_ Date \_\_\_\_\_ TCNLS10394L8233 \_\_\_\_\_

IEIN \_\_\_\_\_ License Type \_\_\_\_\_ Renewal Year \_\_\_\_\_ Scanned  ELIS  MSL  Auth

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*Monroe & Randolph Counties*

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**KELTON DAVIS**  
*Regional Superintendent  
of Schools*

**CHRIS DIDDLEBOCK**  
*Assistant Superintendent  
of Schools*

## Physician’s Verification of Good Health

**Patient Name:** \_\_\_\_\_

Section 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 cost of such examination shall rest with the employee.”

**Complete this form or attach a Physical Examination form provided by your doctor.**

**\*This form can be completed by any type of medical provider (doctor, nurse, or physician’s assistant).**

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### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name Printed: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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### Tuberculosis Skin Test

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reading: \_\_\_\_\_ Results (circle one):   Negative   Positive

Physician Name Printed: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

*If x-ray is indicated, attach appropriate paperwork*

**ILLINOIS STATE BOARD OF EDUCATION SEXUAL MISCONDUCT DISCLOSURE TEMPLATE  
FOR APPLICANT**

**Instructions to Applicant:** To help protect students and children against the threat of sexual misconduct, Illinois law (105 ILCS 5/22-94) requires that we conduct a sexual misconduct background check on certain applicants for hire. Therefore, you are required to complete this standardized form, which is based on a template developed by the Illinois State Board of Education (ISBE). You will be required to provide the names, contact information, and other relevant information related to your current/former employer(s) on a separate form, also based on a template developed by ISBE. You will complete one such form for each current/former employer for whom you held a position involving direct contact with children or students.

**You must complete this form promptly** and return it to (the hiring entity). A copy of this form will be retained by (the hiring entity), but the information provided on this form shall not be deemed a public record.

**Section 1: Applicant Information**

Name: (First, Middle, Last):	Any Former Names by Which Applicant Has Been Identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP

**Section 2: Questionnaire**

For purposes of the three questions below, the term “sexual misconduct,” as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to:

- 1) A sexual or romantic invitation;
- 2) Dating or soliciting a date;
- 3) Engaging in sexualized or romantic dialog;
- 4) Making sexually suggestive comments that were directed toward or with a student;
- 5) Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
- 6) A sexual, indecent, romantic, or erotic contact with the student.

1.	Have you ever been the subject of an allegation of sexual misconduct? Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3: Applicant Certification**

I have read and understand the contents of this Sexual Misconduct Disclosure Form. I also understand that completion of this form does not preclude the hiring entity from performing other background checks (such as reference checks, criminal history background checks, and the like) in accordance with the hiring entity’s policy and/or as required by state statute for a particular position. I understand and agree that any false information I provide on this form or any willful failure to disclose information required on this form shall subject me to discipline, up to and including termination or denial of employment. By signing this form, I certify that the statements made in this form are correct, complete, and true to the best of my knowledge and I swear or affirm that I am not disqualified from employment.

Signature

Printed Name

Date

**AUTHORIZATION FOR RELEASE OF SEXUAL MISCONDUCT-RELATED INFORMATION  
AND CURRENT/FORMER EMPLOYER RESPONSE TEMPLATE**

This standardized form is based on a template developed by the Illinois State Board of Education (ISBE) pursuant to 105 ILCS 5/22-94 of the Illinois School Code. This completed form and any information or records received by the hiring entity shall not be considered public records.

**Instructions for Applicant:**

Complete one form for each current employer (if any). Additionally, complete one form for each former employer that falls within any of the categories below:

1. A public or nonpublic elementary or secondary school.
2. An employer that, at the time of your employment, contracted with a public or nonpublic elementary or secondary school to provide services, including, but not limited to, employers that provided food services, bus services, or other transportation services. This category applies only if, as part of your employment with the employer, you had engaged in -- or there was the possibility that you would engage in -- the care, supervision, guidance, control of, or routine interaction with children or students.
3. Any other employer for which you, as part of your employment with the employer, did engage in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with children or students.

Please be advised that if you are licensed by ISBE, the hiring entity is required to verify the employment history you report by checking ISBE's educator licensure database. The responses the hiring entity receives from your current and former employers will be used to evaluate your fitness to be hired or for continued employment. An applicant who provides false information or willfully fails to disclose information shall be subject to denial of employment, or if already hired, shall be subject to discipline, up to and including termination.

**Section 1: Hiring Entity Information** (to be completed by Hiring Entity)

Hiring Entity's Name:	Contact Person:
Address:	City, State, ZIP
Telephone Number:	Email:
Sent to Current/Former Employer By (insert name): On (insert date):	Received at Hiring Entity: By (insert name): On (insert date):

**Section 2: Applicant Information** (to be completed by Applicant)

Name: (First, Middle, Last):	Any former names by which the Applicant has been identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP:

**Section 3: Current/Former Employer Information** (to be completed by Applicant)

Employer:	Contact Person:
Address:	City, State, ZIP
Telephone Number:	Email:
Position Held:	Approximate Dates of Employment:

**Section 4: Authorization for Disclosure of Employment Information and Release of Employer Liability** (to be completed by Applicant)

By signing this form, I do hereby authorize my current/former employer identified in Section 3, above, to disclose to the hiring entity identified in Section 1, above, the following information and any records related to that information:

1. The dates of my current/former employment;
2. A statement as to whether I have ever been the subject of an allegation of "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
3. A statement as to whether I have ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by the employer; or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
4. A statement as to whether I have ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated); and
5. Any other pertinent records, documentation, or information related to items 2 through 4 above.

Further, by signing this form, I do hereby release my current/former employer identified in Section 3, above, from any criminal or civil liability that may arise from the disclosure of information and records authorized under this Section 4 to the extent such release is permitted by law.

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Applicant Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Section 5: Information Request** (to be completed by Applicant's current or former employer)

This form must be completed and returned to the hiring entity listed in Section 1 within 20 days of receipt.

Position held by Applicant:	Dates of Employment:
Person Completing Form:	Title:
Telephone Number:	Email:

For purposes of the following requests, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity, that:

1. Applicant committed as an employee or agent of a school district, charter school, or nonpublic school during which time Applicant engaged in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with students; and
2. Was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to, any of the following:
  - a. A sexual or romantic invitation;
  - b. Dating or soliciting a date;
  - c. Engaging in sexualized or romantic dialog;
  - d. Making sexually suggestive comments that were directed toward or with a student;
  - e. Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
  - f. A sexual, indecent, romantic, or erotic contact with the student.

1.	To the best of your knowledge, has Applicant ever been the subject of an allegation of Sexual Misconduct? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
2.	To the best of your knowledge, has Applicant ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by you (the employer); or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
3.	To the best of your knowledge, has Applicant ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.

\*If your answer to any of the above questions is "yes", you must provide any records and information in your control or possession related to the affirmative response. Please provide the information in the space below and attach any responsive records to this form. Additional pages of information may be attached.

I have read and understand the contents of this form. I certify that, to the best of my knowledge, the responses provided above are accurate, and the records provided in connection with these responses are true and correct.

Current/Former Employer Signature

Printed Name/Title

Date