



REGIONAL OFFICE OF EDUCATION #17

Serving DeWitt • Livingston • Logan • McLean Counties

MARK E. JONTRY
Regional Superintendent

MOLLY ALLEN
Assistant Superintendent

Substitute Teaching

In Illinois, there are difference license options that allow you to be a substitute teacher.

Option 1: PEL – Illinois Professional Educator License, bachelor’s degree + teaching license required

Option 2: SUB – Illinois Substitute Teacher License, bachelor’s degree required

Option 3: STS – Illinois Short Term Substitute Teacher License, associates/60 hours required

Option 4: PARA – Illinois Paraprofessional License, bachelor’s degree required to be SUB eligible

- If you hold a PEL you DO NOT need to apply for a SUB or STS but you must complete the items in STEP #3.
- If you hold a PARA and have a bachelor’s degree on file you DO NOT need to apply for a Substitute License in ELIS but you must complete the items in STEP #3.
- A Substitute Teacher License (SUB) is valid for 5 years only and is renewable, complete steps # 1- # 3 below.
- A Short-Term Substitute Teacher License (STS) is currently set to expire on 6/30/2023, complete steps # 1- # 3 below.

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

If you have a valid PEL or a PARA with a bachelor’s degree, skip ahead to STEP # 3.

1. Log on to www.isbe.net and click on Log Into Elis. Click on Login to your ELIS account (under Educator Access), then click on Sign up Now on the left side and follow the prompts. Select Continue.
2. Click on “Apply for a Credential” and then select either SUB or STS. You will pay \$50.00 plus an application fee for a SUB license OR \$25.00 plus an application fee for a STS license.
3. At this point you should have your official sealed transcripts sent *directly from your university* to ROE #17 either by mail or email (transcripts@roe17.org). They must be official transcripts from an accredited university and show a Bachelor’s degree has been awarded (for a SUB), or at least 60 hours of college credit (for a STS)

STEP # 2: Register your Substitute Teaching License (SUB OR STS):

1. Once your application status changes from “Pending Review” to “Issued” on your ELIS Account you must register your license and choose ROE #17 for your region.
2. For SUB License Holders - Click on “Registration” under the “home” tab and follow the steps. Choose Region #17. You will pay between \$50.00- \$60.00 for a registration fee plus an application fee.
** Note: STS License holders do not pay a registration fee. **

Any time during this process, you can begin the steps below for employment in our districts.

STEP # 3: How to obtain a Substitute Teacher Authorization letter from ROE #17:

Regardless of the type of license you hold, persons wishing to work as a substitute teacher in our districts **must submit the following materials to ROE #17:**

- Official transcript of your bachelor’s degree transcript (if not already submitted in STEP # 1)
- Statement of Good Health - signed by physician, no more than 90 days old, email to Marisa at larkinm@roe17.org
- Substitute Teacher Information Form and Fingerprinting Facts Form, email to Marisa at larkinm@roe17.org
- Fingerprinting – Pay \$65 – cash, check, money order or online via Authorize.Net to ROE 17 must be received before you make an appointment to be fingerprinted. Note: As of 1/1/21 ROE#17 will not accept fingerprints from other ROEs/ISCs. Call BUSHUE at 217-342-3042 to schedule an appointment after you pay ROE # 17.
- After every step is completed and we receive the results of your fingerprinting we will email you an encrypted Substitute Authorization Letter and a copy of your background check results.
- **You will need to submit a copy to each district office where you would like to substitute teach and apply directly with them.**

8-24-23



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SUBSTITUTE TEACHER INFORMATION FORM

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, 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 the ROE 17 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 further authorize the ROE 17 to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize the ROE 17 Regional Office of Education 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 enumerated offenses or the presence of your name on any of these reports will exclude me from substitute teaching in ROE 17 schools and could result in the suspension, revocation, or surrender of my teaching certificate(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 Illinois State Board of Education. 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 the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database. All fees are nonrefundable.

I understand that receiving a ROE 17 Substitute Authorization certificate is necessary to substitute teach in ROE 17 Public Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in DeWitt, Livingston, Logan or McLean counties.

Name (Please Print)

Date

Signature

8-24-23



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Fingerprinting Facts

- The initial cost for fingerprinting is \$65.00
- A small percentage of people being fingerprinted will have to be reprinted.
- You may incur up to \$20.00 in additional fees if the Illinois State Police and/or Federal Bureau of Investigation deem your fingerprints are too faint to read. This is not the fault of the fingerprinting company. Live scan technology is the best method of fingerprinting.
- If your initial fingerprints are rejected as too faint to read by either the Illinois State Police or Federal Bureau of Investigation, you will be charged an additional \$10.00 processing fee. This fee is paid to the State Police or the FBI. It is not paid to Bushue Background Screening to fingerprint you.
- If your fingerprints are rejected twice by the Federal Bureau of Investigation, we will ask for a name based background check, which does not require an additional fee. It usually takes from two to three weeks to receive the results of the name based background check. Occasionally, it has been as long as eight weeks to receive the results.

I, _____ have read the fingerprinting fees information and agree to pay additional fees if resubmission of fingerprints are deemed necessary by the Illinois State Police or the Federal Bureau of Investigation. I understand that if I do not submit a second set of fingerprints I will not be issued a substitute teaching authorization in the DeWitt/Livingston/McLean/Logan County region.

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PHYSICIAN'S STATEMENT OF GOOD HEALTH

The Illinois School Code* requires that new employees show evidence of physical fitness to perform duties assigned to them. Any cost shall rest with the employee. I hereby certify that _____ meets the above requirement of physical fitness.

Signature M.D.

Date

Address, City, Zip

*(105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

*Sec. 24-5. Physical fitness and professional growth. School boards shall require of new employee 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 not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the employee.

A new or existing employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official.

(Source: P.A. 78-344)

Physician: Please return to applicant. Applicant brings or mails to ROE 17.

8-24-23



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



SUBSTITUTE LICENSE FEE REFUND REQUEST

EDUCATOR EFFECTIVENESS DEPARTMENT

Instructions: If a substitute license was issued after the date of July 1, 2017 and the educator has worked more than ten full school days within a year of receiving the license, a request for a refund on the application license fee may be submitted. The application for refund request must be submitted within 18 months from the date of issuance of the new license. **All refunds will be credited back to the credit/debit card used to make the payment.**

The educator must complete Part I of this form, and a School or District Official must complete Part II. Please request the form to be e-mailed to sub10refund@isbe.net. **Forms submitted by the educator will not be honored.**

If your application fee was paid prior to December 3, 2018, your refund will be processed in check format and a W-9 and direct deposit form will need to be completed. You must sign and mail the attached W-9 and direct deposit forms to our office in addition to emailing form 73-02. Please ensure you have fully completed and signed both a W-9 and direct deposit form.

PART I – TO BE COMPLETED BY THE EDUCATOR

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

_____ Date of Issued Substitute License

_____ County/ROE Registration Fees Paid In

PART II – TO BE COMPLETED BY SCHOOL OR DISTRICT OFFICIAL

Please complete the following assurance of how many days the individual has been a substitute and email this form to sub10refund@isbe.net.

I certify that the above named individual, _____ has been employed on the following license within one year of issuance of the license:

- Substitute License for _____ Days
- Short Term Substitute License for _____ Days

NAME OF DISTRICT	TELEPHONE (Include Area Code)
NAME OF AUTHORIZED OFFICIAL	FAX (Include Area Code)
TITLE OF AUTHORIZED OFFICIAL	E-MAIL

_____ Date

_____ Signature of Authorized Official