

## **Substitute Teacher Authorization Certificate Packet**

ROE 12 Substitute Teacher Authorizations are issued to individuals who meet the following requirements:

- Hold a valid **Professional Educator License; Educator License with Stipulations and a bachelor degree, Substitute License or Short-Term Substitute License** registered in ROE 12.
- Completed Evidence of Freedom From Communicable Disease (physical) form within the past 90 days
- Proof of TB skin test within the past 90 days
- Fingerprint based criminal history check for ROE 12 within the past 90 days
- Name not in Illinois Statewide Sex Offender Data Base
- Name not In Illinois Statewide Child Murdered and Violent Crimes Against Youth Database

**The Fingerprint Background Check, Physical, and TB Test will be at your expense**

### **Checklist to obtain ROE 12 Substitute Teacher Authorization Certificate**

If obtaining a license with ISBE for the first time  
Request Official Transcripts from a Regionally Accredited Institution be emailed directly from the institution to [afrohning@roe12.org](mailto:afrohning@roe12.org)

\_\_\_\_\_ **Hold a valid ISBE license: PEL, SUB, STS, ELS/PARA, ELS/CTE w/bachelor's degree**

Click on links below for steps to obtain an ISBE license

[ISBE requirements to obtain a license to substitute teach](#)

[How to Create an ELIS Account](#)

[Checklist to Apply and Register an ISBE License](#)

\_\_\_\_\_ **ISBE license registered in ROE 12**

\_\_\_\_\_ **Fingerprint Background Check completed for ROE 12**

To schedule a fingerprinting appointment  
contact Bushue Background Screening at 217-342-3042 or online at  
<https://www.bushuebackgroundscreening.com/schedule>

The cost for the fingerprint is payable by the applicant at the time of the appointment  
The fee is **\$54 by cash or \$56 by debit/credit card**. No personal checks are accepted  
**Please take the Bushue Background Screening form (Page 5) to the fingerprint appointment**

\_\_\_\_\_ **Evidence of Freedom from Communicable Disease (Physical) (Top of Page 3) completed**

\_\_\_\_\_ **TB test (1 Step) (Bottom of Page 3) completed**

\_\_\_\_\_ **Pages 3, 4, 5, 6, 7, and 8 completed and returned to ROE 12 office**

\_\_\_\_\_ **Substitute Training completed for STS license – ROE 12 offers the training quarterly**

Upon verification of the above items, a Substitute Teacher Authorization or a Short-Term Substitute Authorization Certificate with an embossed ROE 12 seal will be issued. **The holder should take this authorization certificate to the school districts in the ROE 12 counties of Clay, Crawford, Jasper, Lawrence, and Richland in which they desire to substitute teach.** The district should make a copy of the original authorization certificate. The holder should keep the original authorization certificate with the embossed seal in their possession.

Obtaining the ROE 12 Substitute Authorization Certificate is recommended to substitute teach in Clay, Crawford, Jasper, Lawrence, and Richland county schools; however, obtaining such an authorization does not guarantee that you will be hired as a substitute teacher in Clay, Crawford, Jasper, Lawrence, and Richland county schools. If you do not obtain the ROE 12 Substitute Authorization, you must meet the requirements of each district and/or school in which you substitute teach.

# Regional Office of Education #12

## Statement of Purpose for Collection of Social Security Numbers

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and state government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the Regional Office of Education #12 to provide your SSN or because you requested a copy of this statement.

### *Why do we collect your Social Security Number?*

You are being asked for your SSN for one or more of the following reasons:

- Application and/or Registration of Professional License Certificates
- Application for GED Testing and/or Transcripts
- Criminal History Investigations
- Employee Records

### *What do we do with your Social Security Number?*

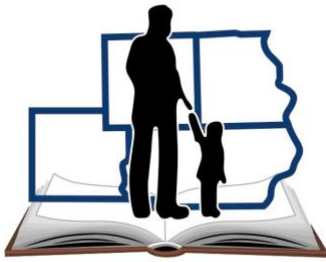
We will only use your SSN for the purpose for which it was collected. We will NOT:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose
- Publicly post or publicly display your SSN
- Print your SSN on any card required for you to access our services
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted
- Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

### *What if I have questions or concerns about this Statement of Purpose?*

Write to the Regional Office of Education #12 at the following address:

Regional Superintendent of Schools  
Regional Office of Education #12  
300 West Main St, Suite 307  
Robinson, IL 62454



# Regional Office of Education #12

*Serving the students and educational professionals of Clay, Crawford, Jasper, Lawrence, and Richland Counties, Illinois*

Jeremy Brush, Regional Superintendent of Schools

Corrie Ray, Assistant Regional Superintendent of Schools

## Evidence of Freedom From Communicable Disease (Physical)

The Illinois School Code\* requires that substitute teachers show evidence of freedom from communicable disease. The cost of such examination shall rest with the substitute teacher employee.

I hereby certify that \_\_\_\_\_ meets the above requirement of evidence of freedom from communicable disease.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Physician, Advanced Practical Nurse or Physician Assistant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

## TB SKIN TEST (1 Step)

This is to certify that \_\_\_\_\_ is free of tuberculosis. This is based on  
a **TUBERCULIN SKIN TEST** given on \_\_\_\_\_ indicating \_\_\_\_\_ results.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature M.D. or Nurse

\*(b-5) School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee. A new or existing substitute teacher 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. The board may from time to time require an examination of any substitute teacher employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, a licensed A advanced practice nurse, or a licensed physician assistant and shall pay the expenses thereof from school funds.

(Source: P.A. 98-716, eff. 7-16-14; 99-173, eff. 7-29-15.)

## RETURN THIS COMPLETED FORM TO ONE OF THE ROE #12 OFFICES LISTED BELOW

**Clay County**  
Clay County Courthouse  
111 East Chestnut  
Street P.O. Box 97  
Louisville, Illinois 62858  
618.665.3373  
Fax 618.665.3155

**Crawford County**  
300 West Main Street  
Lower Level, Suite 307  
Robinson, Illinois  
62454 618.544.2719  
Fax 618.546.1556

**Jasper County**  
County Office Building  
204 West Washington  
Suite 3  
Newton, Illinois 62448  
618.783.2523  
Fax 618.783.4237

**Lawrence County**  
Lawrence County  
Courthouse  
1100 State Street  
Lawrenceville, IL  
62439 618.943.3522  
Fax 618.943.2513

**Richland County**  
407 Whittle Ave  
Olney, Illinois 62450  
618.392.4631  
Fax 618.392.3993



# Regional Office of Education #12

*Serving the students and educational professionals of Clay, Crawford, Jasper, Lawrence, and Richland Counties, Illinois*

Jeremy Brush, Regional Superintendent of Schools

Corrie Ray, Assistant Regional Superintendent of Schools

## 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 Regional Office of Education #12 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 Regional Office of Education #12 to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize Regional Office of Education #12 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 #12 Counties' 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 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 verify that I have been provided access to the Summary of Rights under the Fair Credit Reporting Act. This document is accessible by clicking: [Summary of Rights Under the Fair Credit Reporting Act](#) or at [www.roe12.net](http://www.roe12.net) under General Information/Legal Notices.

I verify that I have received a Statement of Purpose regarding the use of my social security number. This document is accessible by clicking: [Statement of Purpose](#) or at [www.roe12.net](http://www.roe12.net) under General Information/Legal Notices.

I understand that receiving the ROE #12 Substitute Authorization is recommended to substitute teach in Clay, Crawford, Jasper, Lawrence and Richland Counties Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Clay, Crawford, Jasper, Lawrence and Richland Counties.

Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

September 2018

I give ROE #12 my permission to share the results of my Evidence of Freedom From Communicable Disease and TB Test only with another ROE or school entity which may consider me for employment as a substitute teacher. Initial \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_ IEIN or SSN \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO ANY OF THE ROE #12 OFFICES LISTED BELOW**

**Clay County**  
Clay County Courthouse  
111 East Chestnut Street  
P.O. Box 97  
Louisville, Illinois 62858  
618.665.3373  
Fax 618.665.3155

**Crawford County**  
300 West Main Street  
Lower Level, Suite 307  
Robinson, Illinois  
62454 618.544.2719  
Fax 618.546.1556

**Jasper County**  
County Office Building  
204 West Washington  
Suite 3  
Newton, Illinois 62448  
618.783.2523  
Fax 618.783.4237

**Lawrence County**  
Lawrence County  
Courthouse  
1100 State Street  
Lawrenceville, IL  
62439 618.943.3522  
Fax 618.943.2513

**Richland County**  
407 Whittle Ave  
Olney, Illinois 62450  
618.392.4631  
Fax 618.392.3993

**Regional Office of Education # 12***Fingerprinting - Form D (Client)***APPLICANT INFORMATION***Please Print Legibly*

<b>Applicant's Full Legal Name</b>	<b>First:</b>	<b>Middle:</b>	<b>Last:</b>
<b>Phone Number:</b> ____ - ____ - ____		<b>Email Address:</b>	
<b>Date of Birth (MM/DD/YYYY):</b> ____ / ____ / ____		<b>Gender:</b> Male      Female      Unknown	
<b>Race (Circle):</b> American Indian/Alaskan Native Asian/Pacific Islander Black Indeterminable/Unknown White/Latino	<b>Height:</b> ____ ft. ____ in.	<b>Hair Color (Circle):</b> Bald Black Blonde/Strawberry Brown Gray/Partial Gray Red/Auburn Sandy Other: _____	<b>Eye Color (Circle):</b> Black Blue Brown Gray Green Hazel Other: _____
	<b>Weight</b> ____ lbs.		
<b>Place of Birth (STATE):</b>	<b>Social Security Number:</b> ____ - ____ - ____		<b>Driver's License # &amp; State:</b>
<b>Position:</b> (reason for fingerprinting)	Substitute Teacher      ROE #12 Employee		
<b>APPLICANT SIGNATURE AND DATE</b>			
<b>Applicant Signature</b> <i>(parent/guardian signature required if applicant is under the age of 18):</i>			<b>Date:</b>

**Office Use Only: Bushue Background Screening**

<b>Proof of Identity:</b> DL    State ID    Passport    Other: _____		<b>ORI Number:</b> IL080E12S	
<b>Technician:</b>	<b>Technician License Number:</b> 249.000 _____	<b>TCN:</b>	<b>Purpose Code:</b> CSE    NSE
<b>Date of Fingerprint:</b>	<b>Time:</b>	<b>Location:</b>	<b>Payment Amount:</b> _____ <b>Payment Type:</b> Cash      M.O/Check: _____ Credit/Debit Card: _____

**PLEASE TAKE THIS FORM TO YOUR FINGERPRINT APPOINTMENT**



## **ROE #12**

**(BBS Fingerprint - School)**

### **DISCLOSURE FOR CONSUMER REPORTS**

#### **READ CAREFULLY BEFORE SIGNING**

**ROE #12** (“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: \_\_\_\_\_

**This form must be signed and returned to one of the ROE #12 offices before a  
SUBSTITUTE TEACHER AUTHORIZATION CERTIFICATE  
will be issued**



## ROE #12

(BBS Fingerprint - School)

### AUTHORIZATION FOR CONSUMER REPORTS

#### READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. In connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, volunteer period, or other affiliation to the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: ("Agency"), Bushue Background Screening, 302 E. Jefferson Avenue, Effingham, IL 62401, telephone number (217) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.bushuebackgroundscreening.com](http://www.bushuebackgroundscreening.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here (only if this applies): ☐

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

I authorize End-User and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report.

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

**This form must be signed and returned to one of the ROE #12 offices before a  
SUBSTITUTE TEACHER AUTHORIZATION CERTIFICATE  
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## ROE #12

(BBS Fingerprint - School)

### Privacy Act Statement

#### **READ CAREFULLY BEFORE SIGNING**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

By signing on the following page, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

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

**This form must be signed and returned to one of the ROE #12 offices before a  
SUBSTITUTE TEACHER AUTHORIZATION CERTIFICATE  
will be issued**