



730 7th Street  
Charleston, IL 61920

office 217-348-0151  
fax 217-348-0171  
roe11.org

**Kyle Thompson, PhD**  
Regional Superintendent  
kthompson@roe11.org

**Jon Julius, PhD**  
Asst. Regional Superintendent  
j Julius@roe11.org

Dear Substitute Teacher Applicant,

This office is providing verification to our school districts that a person who holds an Educator License with Stipulations and a bachelor's degree, a Substitute Teaching license, Short-Term Substitute license, or a Professional Educator license and who desires to substitute teach has completed all requirements. This Regional Office of Education will hold the required items:

1. Criminal History Records Check Release form
2. Fingerprinting Disclosure and Authorization form
3. Physical examination results
4. \*\*Fingerprint criminal background check submitted to both the Illinois State Police and the FBI

The Illinois School Code requires these items to be on file in the Regional Office of Education for each employee of a school.

If you have any questions, please contact our office at (217)348-0151 or [bbrowning@roe11.org](mailto:bbrowning@roe11.org).

Sincerely,

Kyle Thompson, PhD  
Regional Superintendent of Schools  
KT/ss

\*\*To be completed after all required documents are submitted to the Regional Office of Education and any required fees are paid. Applicants are responsible for costs associated with fingerprinting.





730 7th Street  
Charleston, IL 61920

office 217-348-0151  
fax 217-348-0171  
roe11.org

**Kyle Thompson, PhD**  
Regional Superintendent  
kthompson@roe11.org

**Jon Julius, PhD**  
Asst. Regional Superintendent  
j Julius@roe11.org

## SUBSTITUTE TEACHING REQUIREMENTS

### SUBSTITUTE TEACHING LICENSE

A Substitute Teaching License may be issued to qualified applicants for substitute teaching in all grades of the public school, prekindergarten through grade 12. Substitute Teaching Licenses are not eligible for endorsements. **Applicants for a Substitute Teaching License must hold a bachelor's degree or higher from a regionally accredited institution of higher education OR be enrolled in an Illinois approved educator preparation program with 90 semester hours of coursework.** Substitute Teaching Licenses are valid for 5 years.

There is no limit on the number of days that a person who holds a Substitute Teaching License may teach in a single school district, provided that no substitute teacher may teach for longer than 90 school days for any one licensed teacher under contract in the same school year.

A teacher holding a Professional Educator License may also substitute teach in grades K-12, but only in the place of a licensed teacher who is under contract with the employing board, and may not teach for longer than 120 days for any one certified teacher under contract in the same school year.

### Application Process for Substitute Teaching License

Individuals who hold a Professional Educator License (PEL) or an Educator License with Stipulations and a bachelor's degree (i.e. Paraprofessional or Career and Tech Ed) can substitute teach on their current, valid license registered in Region 11. Please skip to number 3.

1. Individuals applying for the substitute teaching license must use ELIS on the Illinois State Board of Education's website, [www.isbe.net](http://www.isbe.net). At the top of the page, click on "System Quick Links" and then "ELIS: Educator Licensure Information System". In the Educator Access Box, click on "Login to your ELIS account". On the next page, left hand side, click on "Sign Up Now" to set up an account. Once you are in the ELIS program, click on "Apply for a Credential" and then "Substitute License (Sub)". Continue the wizard. You will pay the \$50 application fee with a credit or debit card. Official, sealed transcripts may be mailed to ROE #11 or the university may email transcripts directly to Braddi Browning – [bbrowning@roe11.org](mailto:bbrowning@roe11.org).
2. Once the substitute teaching license is issued, you will have to go back onto your ELIS account and pay the \$60 registration fee. This will register your license for the remainder of the current fiscal year and 5 full fiscal years. Register in Region #11.
3. All applicants must submit to this office a physical examination signed by a medical doctor that is no older than 90 days.



4. A background check by fingerprinting must be on file with this office to substitute teach in Region 11. The cost of the background check is \$62. Please make checks payable to ROE #11. Credit/debit cards are accepted over the phone or in the ROE #11 office. A \$3 convenience fee will be added when using a credit/debit card. Once the fee and the required documents (Criminal History Records Check Release, Authorization for Consumer Reports, Disclosure for Consumer Reports, Privacy Act Statement, and Information for Background Screening) are submitted to this office, ROE #11 will contact Bushue Human Resources, Inc. to initiate the fingerprinting process. ROE #11 will then ask the applicant to schedule an appointment (time and place) with Bushue Human Resources, Inc. to be fingerprinted. Please **do not** call Bushue Human Resources, Inc. until you are contacted by ROE #11. An additional \$20 fee will be required if a re-print of fingerprints is needed. Fingerprints are submitted to both the IL State Police and the FBI.
5. Substitute authorizations will be given once all paperwork has been completed. This authorization must be presented to any and all school districts within Region 11 in which you would like to substitute teach. It is the responsibility of the substitute teacher to contact the school districts in which he/she would like to substitute teach. A list of the school districts in Region 11 is included in this packet.

**Short-Term Substitute License – must have at least 60 semester hours of college coursework, but not a bachelor’s degree.**

A Short-Term Substitute License may be issued to anyone who holds an Associate’s degree or show completion of 60 semester hours of coursework from a regionally accredited institution of higher education.

- *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 5 consecutive days per licensed teacher.*
- *Must complete a training program provided by the school board.*

**Application Process for Short-Term Substitute License**

1. Individuals applying for the Short Term Substitute license must use ELIS on the Illinois State Board of Education’s website, [www.isbe.net](http://www.isbe.net). At the top of the page, click on “System Quick Links” and then “ELIS: Educator Licensure Information System”. In the Educator Access Box, click on “Login to your ELIS account”. On the next page, left hand side, click on “Sign Up Now” to set up an account. Once you are in the ELIS program, click on “Apply for a Credential” and then “Short-Term Substitute License (STS)”. Continue the wizard. You will pay the \$25 application fee with a credit or debit card. Official, sealed transcripts may be mailed to the ROE or the university may email transcripts directly to Braddi Browning – [bbrowning@roe11.org](mailto:bbrowning@roe11.org).
2. Once the Short-Term Substitute license is issued, you will have to go back onto your ELIS account and register your license. There is no fee to register. Your license will be registered until June 30, 2028 and **may not** be renewed. Register in Region #11.

3. All applicants must submit to this office a physical examination signed by a medical doctor that is no older than 90 days.
4. A background check by fingerprinting must be on file with this office to substitute teach in Region 11. The cost of the background check is \$62. Please make checks payable to ROE #11. Credit/debit cards are accepted over the phone or in the ROE #11 office. A \$3 convenience fee will be added when using a credit/debit card. Once the fee and the required documents (Criminal History Records Check Release, Authorization for Consumer Reports, Disclosure for Consumer Reports, Privacy Act Statement, and Information for Background Screening) are submitted to this office, ROE #11 will contact Bushue Human Resources, Inc. to initiate the fingerprinting process. ROE #11 will then ask the applicant to schedule an appointment (time and place) with Bushue Human Resources, Inc. to be fingerprinted. Please do not call Bushue Human Resources, Inc. until you are contacted by ROE #11. An additional \$20 fee will be required if a re-print of fingerprints is needed. Fingerprints are submitted to both the IL State Police and the FBI.
5. Substitute authorizations will be given once all paperwork has been completed. This authorization must be presented to any and all school districts within Region 11 in which you would like to substitute teach. It is the responsibility of the substitute teacher to contact the school districts in which he/she would like to substitute teach. A list of the school districts in Region 11 is included in this packet.

#### **Registration Fee and/or Substitute Teacher Application Reimbursement**

You may apply for a refund of the registration fee within 18 months of issuance of the substitute teaching license if you provide evidence that you have substitute taught at least 10 full school days within one year of issuance.

You must complete form 73-02 "Substitute License Fee Refund Request" and have a district complete Part II:<https://www.isbe.net/Documents/73-02-Substitute-License-Fee-Refund-Request.pdf>.

The form must be emailed to [sub10refund@isbe.net](mailto:sub10refund@isbe.net) by the school district that completes Part II of the form. Forms emailed by the educator will not be accepted.

An educator may submit multiple forms to provide evidence of the total 10 days if experience was earned at multiple districts.

All refunds will be credited back to the credit/debit card that was used to make the payment.



730 7th Street  
Charleston, IL 61920

**Kyle Thompson, PhD**  
Regional Superintendent  
kthompson@roe11.org

office 217-348-0151  
fax 217-348-0171  
roe11.org

**Jon Julius, PhD**  
Asst. Regional Superintendent  
j Julius@roe11.org

**Criminal History Records Check Release**  
*Please complete form and return to the Regional Office*

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I give permission for the results of my fingerprint-based criminal history records check and physical examination to be shared with Clark, Coles, Cumberland, Douglas, Edgar, Moultrie and Shelby County School Districts and other Regional Offices in the State of Illinois.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



730 7th Street  
Charleston, IL 61920

**Kyle Thompson, PhD**  
Regional Superintendent  
kthompson@roe11.org

office 217-348-0151  
fax 217-348-0171  
roe11.org

**Jon Julius, PhD**  
Asst. Regional Superintendent  
j Julius@roe11.org

### **Applicant's Health Examination Record**

Section 24-5 of the Illinois School Code requires all new employees to present **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 prior to the date of application and the cost of such examination shall rest with the employee.

To Applicant: This form, with original signatures, is to be filed with the Regional Superintendent prior to the issuance of the Substitute Teacher Authorization Certificate (ROE #11 730 7<sup>th</sup> Street, Charleston, IL 61920).

Mr.  
Name Mrs. \_\_\_\_\_  
Ms  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

I hereby certify that I have examined the above named person and that to the best of my judgment said person is physically qualified to perform the required duties and is free from communicable disease.

Date of Physical Examination \_\_\_\_\_

Medical Practitioner's Signature \_\_\_\_\_

Medical Practitioner's Printed Name \_\_\_\_\_

Address \_\_\_\_\_



## REGIONAL OFFICE OF EDUCATION #11

### 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 below, 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: \_\_\_\_\_



**REGIONAL OFFICE OF EDUCATION #11**

**AUTHORIZATION FOR CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by **REGIONAL OFFICE OF EDUCATION #11** (“end-user”) and its consumer reporting agency Bushue Background Screening (“Agency”). In my connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for the End-User to procure such reports at any time during, as permitted by law, my employment (or other affiliation) with the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, my driving record, judgments, bankruptcy proceedings, evictions, other public records, criminal history records, fingerprint records, etc.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize the End-User and the Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Bushue Background Screening at (217) 342-3042 or [info@bushuebackgroundscreening.com](mailto:info@bushuebackgroundscreening.com).

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





**REGIONAL OFFICE OF EDUCATION #11**

**DISCLOSURE FOR CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

**REGIONAL OFFICE OF EDUCATION #11** (“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: \_\_\_\_\_

ROE #11

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>
------------------------------------	---------------	----------------	--------------

**Address (street, city, state, zip):**

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Unknown \_\_\_\_ Other

<b>Race (indicate one):</b> ____ American Indian/Alaskan Native ____ Asian/Pacific Islander ____ Black ____ Indeterminable/Unknown ____ White/Latino * Illinois State Police only allows the above options	<b>Height:</b> ____ ft ____ in	<b>Hair Color (indicate one):</b> ____ Bald ____ Black ____ Blonde/Strawberry ____ Brown ____ Sandy ____ Gray/Partial Gray ____ Red/Auburn Other: _____	<b>Eye Color (indicate one):</b> ____ Black ____ Blue ____ Brown ____ Gray ____ Green ____ Hazel Other: _____
	<b>Weight:</b> ____ lbs		

<b>What State You Were Born In?</b> _____	<b>Social Security Number:</b> _____	<b>Driver's License Number &amp; State Issued:</b> _____
---	--------------------------------------	--

**Position:** (reason for fingerprinting)  
 \_\_\_\_ Bus Driver \_\_\_\_ Bus Monitor \_\_\_\_ Coach \_\_\_\_ Contractor \_\_\_\_ Custodian \_\_\_\_ Volunteer  
 \_\_\_\_ Food Service \_\_\_\_ Paraprofessional \_\_\_\_ Student Teacher \_\_\_\_ Substitute \_\_\_\_ Teacher  
 Other: \_\_\_\_\_

**APPLICANT SIGNATURE AND DATE**

<b>Applicant Signature</b> (if the person listed at the top of this form is under the age of 18, their parent or guardian should sign and date these sections.)	<b>Date:</b>
---	--------------

**\*PLEASE TAKE A COPY OF THIS FORM TO YOUR FINGERPRINT APPOINTMENT\***

**Office Use Only: Bushue Background Screening**

<b>Proof of Identity:</b> ____ DL ____ State ID ____ Passport Other: _____	<b>ORI Number:</b> IL015E11S
---	---------------------------------

<b>Technician:</b> _____	<b>Tech License #:</b> 249.000 _____	<b>TCN:</b> _____	<b>Purpose Code:</b> _____
--------------------------	---	-------------------	----------------------------

<b>Date of Fingerprint:</b> _____	<b>Time:</b> _____	<b>Location:</b> _____	<b>Payment Amount:</b> _____ Cash _____ M.O/Check: _____ Card: _____
-----------------------------------	--------------------	------------------------	---



730 7th Street  
Charleston, IL 61920

office 217-348-0151  
fax 217-348-0171  
roe11.org

**Kyle Thompson, PhD**  
Regional Superintendent  
kthompson@roe11.org

**Jon Julius, PhD**  
Asst. Regional Superintendent  
jjulius@roe11.org

## DISTRICT SUPERINTENDENTS & ADMINISTRATORS OF ASSOCIATED PROGRAMS 2023-2024

Marshall #C-2	826-5912	Kevin Ross, 503 Pine, Marshall 62441
Martinsville #C-3	382-4321	Bob Waggoner, PO Box K, 255 W Cumberland, Martinsville 62442
Casey-Westfield #C-4	932-2184	Dee Scott (Interim), 502 E. Delaware, Casey 62420
Charleston #1	639-1000	Dr. Todd Vilardo, 410 W. Polk, Charleston 61920
Mattoon #2	238-8850	Tim Condron, 1701 Charleston, Mattoon 61938
Oakland #5	346-2555	Nathan Pugh, 310 N. Teeter St., Oakland 61943
Neoga #3	775-6049	Kevin Haarman, PO Box 280, 790 E 7 <sup>th</sup> St., Neoga 62447
Cumberland #77	923-3132	Todd Butler, 1496 IL Rt. 121, Toledo 62468
Tuscola #301	253-4241	Gary Alexander, 409 S. Prairie, Tuscola 61953
Villa Grove #302	832-2261	Carol Munson, 400 N. Sycamore, Villa Grove 61956
Arthur #305	543-2511	Shannon Cheek, 301 E. Columbia, Arthur 61911
Arcola #306	268-4963	Dr. Tom Mulligan, 351 W. Washington, Arcola 61910
Shiloh #1	531-1850	Bill Myers, 21751 N 575 <sup>th</sup> St, Hume 61932
Kansas #3	948-5174	Cindy Spencer, PO Box 350, 310 S Front St, Kansas 61933
Paris #4 (Crestwood)	465-5391	Danette Young, 15601 US Hwy 150, Paris 61944
Edgar Co #6 (Chrisman)	269-2513	James Acklin (Interim), 23231 IL Hwy 1, Chrisman 61924
Paris #95	465-8448	Dr. Jeremy Larson, 300 S. Eads, Paris 61944
Paris Coop. HS	466-1175	Mark Cox-Principal, 14040 E 1200 <sup>th</sup> Road, Paris 61944
Sullivan #300	728-8341	Ted Walk, 725 N. Main, Sullivan 61951
Okaw Valley #302	665-3232	Kent Stauder, PO Box 97, 709 S St. John, Bethany 61914
Windsor #1	459-2636	Erik Van Hovel, 1424 Minnesota, Windsor 61957
Cowden-Herrick #3A	783-2126	Seth Schuler, 633 County Highway 22, Cowden 62422
Shelbyville #4	774-4626	Shane Schuricht, 720 W. Main, Shelbyville 62565
Stew-Stras #5A	682-3355	Justin Deters, 2806 E 600 Rd, Strasburg 62465
Central A & M #21	226-4042	Sacha Young, 406 E. Colgrove, Assumption 62510

### **ROE #11 COOP**

BRIDGES	348-0151	Dr. Kyle Thompson, 730 7 <sup>th</sup> St, Charleston 61920
EIASE	348-7700	Tony Reeley, 5837 Park Drive, Suite 1, Charleston 61920
EIEFES	258-6283	Laura Sullivan, 1617 Lake Land Blvd, Mattoon 61938
Pathways	238-8383	Shannon McGregor, 305 Richmond Ave East, Mattoon 61938

