ROE #11
Services for Learning

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

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 following 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.

The attached materials indicate the steps to be followed and the forms needed to complete the process.

If you have any questions, please contact Braddi Browning at (217) 348-0151 or bbrowning@roe11.org.

Sincerely,

Kyle Thompson, PhD
Regional Superintendent of Schools
KT/bb

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

Clark, Coles, Cumberland, Douglas, Edgar, Moultrie, and Shelby Counties
ROE #11
Services for Learning

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

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 license must use ELIS on the Illinois State Board of Education's website, 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, right hand side, click on "Click Here for First Time Access" 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 the ROE or the university may email transcripts directly to Braddi Browning – 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 $66. 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 is submitted to our office, the applicant will be responsible for scheduling an appointment (time and place) with Bushue Human Resources, Inc. to be fingerprinted. Please **do not** call Bushue Human Resources, Inc. until you have paid your fee to 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 mailed to the applicant 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. 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, right hand side, click on "Click Here for First Time Access" 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.

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 $66. 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 is submitted to our office, the applicant will be responsible for scheduling an appointment (time and place) with Bushue Human Resources, Inc. to be fingerprinted. Please **do not** call Bushue Human Resources, Inc. until you have paid your fee to 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 mailed to the applicant 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 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.

ROE #11 SUB AUTHORIZATION CHECKLIST

- ☐ Create an ELIS account with the IL State Board of Education.
- ☐ Request **official** transcripts be sent directly to bbrowning@roe11.org.
- ☐ Apply for the SUB/STS license in your ELIS account.
- ☐ Once your license is issued, register it in Region #11 in ELIS.
- ☐ Get a physical examination.
- ☐ Submit your physical & Criminal History Records Release to ROE #11.
- ☐ Make $66/$69 payment to ROE #11 for fingerprinting.
- ☐ Schedule a fingerprinting appointment with Bushue Background Screening.
- ☐ ROE #11 will mail your sub authorization to you once all these steps are completed.
- ☐ Take your sub authorization to the school districts in which you would like to sub.

Braddi Browning
Licensure Officer
(217) 348-0151
bbrowning@roe11.org

Regional Office of Education #11
Kyle Thompson, Ph.D.
Regional Superintendent

ROE #11
Services for Learning

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

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

ROE #11
Services for Learning

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

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 7th Street, Charleston, IL 61920**).

Name Mr. / 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 _____

_____

ROE #11
Services for Learning

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 2026-2027

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	Mike Shackelford, 502 E. Delaware, Casey 62420
Charleston #1	639-1000	Chad Burgett, 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 7th St., Neoga 62447
Cumberland #77	923-3132	Darrell Houchin, 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	Tara Chandler, 351 W. Washington, Arcola 61910
Shiloh #1	531-1850	Corey White, 21751 N 575th 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	Darren Loschen, 23231 IL Hwy 1, Chrisman 61924
Paris #95	465-8448	Mary Morgan Ryan, 300 S. Eads, Paris 61944
Paris High School	466-1175	Denise Young-Principal, 14040 E 1200th 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 Hoveln, 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	Kenny Schwengel, 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 7tn St, Charleston 61920
EIASE	348-7700	Tony Reeley, 5837 Park Drive, Suite 1, Charleston 61920
EIEFES	258-6283	Justin Deters, 121 South 17th St, Third Floor, Mattoon 61938

Illinois State Board of Education

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

73-02

SUBSTITUTE LICENSE FEE REFUND REQUEST

EDUCATOR EFFECTIVENESS DEPARTMENT

Instructions: If a substitute license was issued after July 1, 2017, and the educator has worked more than 10 full school days within a year of receiving the license, a request for a refund on the 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 emailed to **sub10refund@isbe.net**. **Forms submitted by the educator will not be honored.**

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)	
	EMAIL	

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	EMAIL

Date

Digital or Original Signature of Authorized Official