



Illinois State Board of Education

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



CONFIRMATION OF OUT-OF-STATE LICENSURE TESTING

EDUCATOR EFFECTIVENESS DEPARTMENT

Important: Illinois will accept content area tests completed in other states if the tests are required for issuance of a comparable license in that state.

Instructions: The applicant should complete the information in Part I and forward the form to the state department of education of the state where the test was completed.

PART I – TO BE COMPLETED BY APPLICANT

APPLICANT NAME (Last, First, Middle, Maiden) (Print or Type)	IEIN	BIRTHDAY (mm/dd/yyyy)
HOME ADDRESS (Street, City, State, ZIP Code)	EMAIL	
	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)

PART II – TO BE COMPLETED ONLY BY STATE LICENSURE AUTHORITY

Instructions: Please complete this portion and email the completed form to the Illinois State Board of Education at licensureforms@isbe.net. An authorized signature is required. Forms returned to the applicant will not be honored.

I have reviewed the information above and certify that the person named in Part I passed the following test(s):

- ☐ **CONTENT AREA TEST(S)** – Required by the state of _____ for issuance of a license.
Please check all content area tests listed below that were successfully completed by the applicant for licensure purposes.

AREA	TEST NAME	DATE PASSED
<input type="checkbox"/> Early Childhood		
<input type="checkbox"/> Middle Grade		
<input type="checkbox"/> Elementary		
<input type="checkbox"/> Secondary (Indicate specific content test -- e.g., English language arts, mathematics, etc.)		
<input type="checkbox"/> K-12 Speciality (Indicate specific area(s) -- e.g., art, music, physical education, library information specialist, etc.)		
<input type="checkbox"/> Special Education (Indicate specific area(s) -- e.g., cross categorical special education, deaf and hard of hearing, blind or visually impaired, etc.)		
<input type="checkbox"/> School Support Personnel (Indicate specific area(s) -- e.g., school social worker, speech language pathologist, etc.)		
<input type="checkbox"/> Administrative (Indicate specific area(s) -- e.g., principal, superintendent, etc.)		

Signature of Authorized Official

Date

NAME OF AGENCY

NAME AND TITLE OF AUTHORIZED OFFICIAL (Print or Type)

EMAIL