

**REQUEST FOR A CERTIFICATE OF  
QUALIFICATION TO HOLD OFFICE  
AS A REGIONAL SUPERINTENDENT  
OF SCHOOLS**

**EDUCATOR EFFECTIVENESS DEPARTMENT**

**Directions:** In order to qualify to hold office as a regional superintendent of schools, an individual must first obtain a certificate of qualification from the State Superintendent of Education [see 105 ILCS 5/3-1]. Individuals seeking a certificate of qualification should use this form. Please complete each section of this document in its entirety and send to the address at the top of the page. Note that incomplete requests or requests with insufficient supporting documentation may be delayed. Individuals seeking a certificate of qualification should use this form. Please complete each section of this document in its entirety and send to the address at the top of the page or to [akerske@isbe.net](mailto:akerske@isbe.net) and [ebelcher@isbe.net](mailto:ebelcher@isbe.net).

**I. General Information. Please complete all information requested in its entirety.**

NAME (Last, First, Middle Initial)	ILLINOIS EDUCATOR IDENTIFICATION NUMBER (IEIN)	
ADDRESS (Street, City, State, ZIP Code)	HOME PHONE (Include Area Code)	BUSINESS PHONE (Include Area Code)
	EMAIL	
EDUCATIONAL SERVICE REGION	CURRENT REGIONAL SUPERINTENDENT	

**II. Licensure Information. Please list each administrative endorsement you hold, along with the current registration date and region of registration.**

ADMINISTRATIVE ENDORSEMENT	REGISTERED THROUGH	REGION OF REGISTRATION

**III. Experience Requirements. Please answer "Yes" or "No" to each question in this section and provide letters of experience from relevant employer(s) for verification.**

Yes  No Do you have at least four (4) years experience in teaching?

Yes  No Have you 1) been employed in at least two of the last four years as a full-time teacher in the common public schools in Illinois; **OR** 2) been engaged in at least two of the last four years as a full-time administrator or supervisor in the common public schools in Illinois (include experience as an assistant regional superintendent); **OR** 3) served at least two of the last four years as the regional superintendent of schools in a regional office of education in Illinois; **OR** 4) served or been employed in a combination of any or all of these in at least two of the last four years?

**Note: Experience outside the State of Illinois and private school experience may not be counted.**

**IV. Academic Requirements. Please complete this section in its entirety. If your master's or other graduate transcripts are not listed on your Educator Licensure Information System (ELIS) profile, please submit official transcripts for verification.**

From what university(ies) do you hold a master's degree?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Yes  No Do you have at least twenty (20) semester hours of professional education coursework at the graduate level?

**I understand that requests with insufficient supplemental documentation or incomplete requests will be delayed.**

\_\_\_\_\_ Date

\_\_\_\_\_ *Digital or Original* Signature of Applicant