



# Illinois State Board of Education

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



## ILLINOIS INSTITUTION OF HIGHER EDUCATION APPROVED PROGRAM VERIFICATION

### EDUCATOR EFFECTIVENESS DEPARTMENT

An applicant applying for an Illinois license who completed a program at an Illinois institution of higher education shall use this form when the program requirements have changed or the program is no longer active at the institution; therefore, entitlement is no longer available. This form is for teaching, school support, and administrative program verification. Illinois candidates should complete the Applicant Information section, and the institution will complete the rest of the form. The form will be uploaded directly into the applicant's Educator Licensure Information System (ELIS) account by a representative of the institution. Forms submitted by the applicant directly will not be honored. **If the program is still active and requirements have not changed, candidates should work through the entitlement process with their institution.**

APPLICANT INFORMATION		
APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
PHONE (Include Area Code)	EMAIL	

INSTITUTION OF HIGHER EDUCATION INFORMATION	
NAME OF INSTITUTION	NAME/TITLE AUTHORIZED OFFICIAL
CONTACT PHONE (Include Area Code)	EMAIL

PROGRAM INFORMATION	
PROGRAM NAME	PROGRAM GRADE LEVEL
PROGRAM ENROLLED (START) DATE	PROGRAM COMPLETED DATE
SUBSEQUENT ENDORSEMENT(S) /GRADE LEVEL(S)	
REASON(S) CANDIDATE IS NOT ELIGIBLE FOR ENTITLEMENT: (SELECT ALL THAT APPLY)	
<input type="checkbox"/> PROGRAM REQUIREMENTS HAVE CHANGED <input type="checkbox"/> PROGRAM IS NO LONGER ACTIVE	

### PROGRAM REQUIREMENTS (Verify completion of the following program requirements)

YES	NO	PROGRAM REQUIREMENTS	COURSE/TEST NUMBER	ELIS POST DATE/COMPLETED DATE
<input type="checkbox"/>	<input type="checkbox"/>	Reading Methods/Content Coursework	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Cross Categorical Special Education Coursework	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Instructional Strategies for English Learners	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Content Test(s) in ELIS	Test Number: _____	Post Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	edTPA (or APT) in ELIS	Test Number: _____	Post Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Internship/Clinical Hours Completed (as applicable)	Course Number: _____	Completed Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Student Teaching on an Official Transcript (as applicable)	Course Number: _____	Completed Date: _____

### SIGNATURE AND ACKNOWLEDGMENT

I ACKNOWLEDGE THAT ALL COURSEWORK WAS ACHIEVED AT A GRADE C- OR BETTER (OR EQUIVALENT)  
By signing this form, I certify the information provided is true and correct.

\_\_\_\_\_  
Digital or Original Signature of Authorized Official

\_\_\_\_\_  
Date