



APPLICATION FOR ADMISSION TO THE TEACHER EDUCATION PROGRAM

Alternative Route to Teacher Certification

Deadline: _____

College of Education Student Services
Room 137, Wham Education Building

("No one shall be certified to teach or supervise in the public schools of the State of Illinois who is not of good character, good health, a citizen of the United States and at least 19 years of age...")*

Date: _____ Social Security Number: _____

Name: _____ E-mail Address: _____

Home Address: _____
(street)

(city) (state) (zip)

I have a bachelor's degree: _____
(Major, Institution, Year)

Undergraduate overall grade point average _____

I plan to teach: (please circle) Elementary Middle School High School

Certification Area(s) 1. _____ 2. _____

Previous teaching experience: None
Elementary _____ years
Middle School _____ years
High School _____ years
College _____ years

- The School Code of Illinois, Section 21-1.
- Graduate students must submit copies of all undergraduate transcripts.
- All students must submit official documentation of passing the Illinois Basic Skills Test
- List all universities and colleges attended –giving dates attended.
- Documentation of five years work experience must accompany this application.

List all universities and colleges attended, including dates attended.

<i>Name of Institution</i>	<i>Dates Attended</i>
_____	_____ To _____
_____	_____ To _____
_____	_____ To _____

Have you ever been dropped from an educational institution?

- Yes
- No

If answer is yes – please describe circumstances _____

Have you ever been convicted of a crime excluding parking and speeding violations?

- Yes
- No

If yes, describe the nature of the crime(s): _____

If a crime or crimes were committed as described above, in what court was the case(s) tried?

Where? _____ When? _____

State the exact charge(s)

What penalties were assessed, if any _____

The information stated above is true.*

Signature of Applicant

Student Autobiography

Date: _____ Social Security Number: _____

Name: Miss _____
Mrs. _____
Mr. _____

Date of Birth: _____ Place of Birth: _____

Graduated from: _____
Name of High School City State Year

Name of College City State Year

Have you had experiences working with children or youth groups?

- Yes
- No

If so, what were they? _____

Have you had any travel experiences?

- Yes
- No

If so, briefly indicate where they were: _____

Have you had any special training or ability that should be helpful in teaching? For example: music, dramatics, athletics, forensic activities, hobbies, etc.

- Yes
- No

If so, briefly indicate the nature of such training or ability. _____

All persons employed by school districts in Illinois are subject to required criminal background investigation by the Department of State Police. District officials may not employ persons convicted by certain offenses. You will be required to complete the attached background investigation form and submit a \$10.00 fee paid at the time of application to the Alternative TEP Program. If you are not accepted into the Alternative TEP Program, check will be returned.

ID # _____

Criminal Conviction Record

Last Name

First Name

MI

All persons employed by school districts in Illinois are subject to a required criminal background investigation by the F.B.I. at the time of their employment. School district officials may not employ persons convicted of certain offenses

Have you ever been convicted of a crime excluding parking and speeding violations?

Yes No

If yes, have you been convicted of an narcotics or drug offense, a crime of a sexual nature, or a crime involving alcohol?

Yes* No N/A

If yes, describe the nature of the crime(s): _____

For the crime(s) described above, in which court was the case(s) tried? _____

Where? _____ When? _____

State the exact charge(s).

What penalties were assessed, if any? _____

The information stated above is true.**

Signature of Applicant

Date

* If an offense is indicated, you may be asked by the College of Education and Human Services to supply the court documents for your case(s).

** Persons who knowingly alter or misrepresent credentials or provide false information for purposes of gaining admission to the TEP or to obtain a teaching certificate may be dismissed from the TEP or denied a certificate.

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Southern Illinois University Carbondale

Candidates seeking certification are advised that certain convictions enumerated in Sections 10-21.9 and 21-23a of the *School Code of Illinois* prohibit certification or employment in public schools. The following questions appear on the Illinois Application for Teaching Certificate and the Illinois Application for School Service Personnel or Administrative Certificate and must be answered.

Have you:

Yes No

		Ever had a certificate denied, suspended or revoked in Illinois or any other state?
		Ever been convicted of a felony or any sex, narcotics or drug offense in Illinois or any other state?
		Failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of the same for any tax as required by law administered by that Department that was not subsequently resolved to the Department's
		Ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?
		Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?
		I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. I understand that failure to so certify shall result in disciplinary action and making a false statement may subject me to contempt of court.

I hereby authorize the College of Education and Human Services at Southern Illinois University Carbondale to request a criminal background check on me through the Illinois State Police. I understand that my placement in the schools to complete practice necessary to be recommended for entitlement for certification is contingent upon the results of the background check. I understand that I am responsible for the fees associated with this procedure and that I may be required to provide fingerprints. I understand that failure on my part to consent to the review will result in the cancellation of any admission to a teacher education program. I also understand that if I am admitted to a program, but that my background check includes evidence of a criminal history, that history will be shared with the school district being considered for placement. I understand that the nature of that history might prohibit me from being placed in a given school district and that the district has the right to refuse my placement.

I verify that the information presented on this form is accurate and complete.

Signature

Date

ILLINOIS STATE POLICE CRIMINAL BACKGROUND CHECK FORM

(Please Print Legibly)

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ DL STATE: _____

MAIDEN NAME (If applicable): _____

GENDER: Male Female

RACE:

Asian/Pacific Islander

Black

American Indian/Alaskan Native

White

Unknown

TEP Applicant

MAT Student

Alternative Certification

EDUC 210 Student

Lake County Student

Rend Lake Marketplace Student

Shawnee Community College Student

*We have been told that these categories match Federal Bureau of Investigation categories and that they are currently required by law. Asian/Pacific Islander, Black, American Indian/Alaskan Native, White, Unknown. We have been told that Hispanics should be entered with the race code most closely representing the individual.

Information Required by Southern Illinois University Carbondale:

TEACHER EDUCATION MAJOR: _____

ADDRESS AND PHONE:** _____

****Please give us the address where you will be for the next 3 weeks.** You will be notified of the results of the criminal background check **ONLY** if you need to be fingerprinted. You will have seven (7) days to notify us if the information is inaccurate or incomplete.

Ms. Jenise Wilson, Coordinator
Office of Student Services
College of Education and Human Services
Wham 122
Mailcode 4612
Southern Illinois University Carbondale
Carbondale, IL 62901-4612

Telephone: (618) 453-2354

Fax: (618) 453-1646

Instructions for completing Accurate Biometrics Fingerprint Application Form

1. Complete the enclosed “Fingerprint Applicant Form.”
2. Take the completed “Fingerprint Applicant Form” to an authorized Accurate Biometrics Office to be fingerprinted. Check “Accurate Biometrics” website (www.accuratebiometrics.com) for the dates/times each facility is open for business.
3. Attach the receipt from Accurate Biometrics to your completed TEP Application.
4. Submit the receipt, along with completed TEP Application, to SIUC College of Education Student Services.

It is important that you use the enclosed “Fingerprint Applicant Form.” Information on this form is necessary and allows SIUC to receive the results from your FBI Criminal Background Check. Please make sure you include the receipt you receive from Accurate Biometrics when you turn in your completed TEP Application. This receipt will prove to our office that you have completed the fingerprinting process and allow us to receive the results.

Accurate Biometrics
4849 N Milwaukee, Suite 101
Chicago, IL 60030

phone 773-685-5699
fax 773-685-5433
www.accuratebiometrics.com



Southern™
Illinois University
Carbondale

Southern Illinois University
Fingerprint Applicant Form
Adam Walsh Act

Please Provide the Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: _____ / _____ / _____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____

Place of Birth:(State or Country if outside USA): _____

ORI # ILL13675S

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN# _____

Purpose Code : AWA
\$50.00 Pay on Site
Y & Y