



Health Exam Authorization Form

Last Name: _____ First Name: _____ Middle Name: _____

City/State/Zip: _____ Telephone Number: _____

Position: _____ Email: _____

Public Act 098-0716 states that as a condition for employment as a Substitute Teacher in the state of Illinois, you must provide 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. These results must be within the last 90 days to be in compliance with the Illinois School Code.

This portion to be completed by the Physician or Nurse Practitioner:

I hereby certify and state that _____ (Substitute Teacher) is in good physical health to perform the essential functions of the position of substitute teacher and is free from communicable disease.

Print Name: _____ Medical License #: _____

Phone Number: _____

Signature of Physician or Nurse Practitioner: _____ Date: _____



Substitute License Sign-Off

I understand that it is my responsibility to submit all required documentation to South Cook ISC in order for me to receive a substitute authorization letter from South Cook ISC.

Date	Initials	<i>Please read carefully</i>
_____	_____	I understand that it is my responsibility to submit documentation from my physician showing that I am free from communicable disease and physically fit to perform the duties of a substitute teacher.
_____	_____	I understand that I must hold at least a bachelor's degree and be issued a valid educator license from the State Board of Education and that I must register my license in Region 07—South Cook.
_____	_____	I understand that if my background check comes back with a hit, I may be required to submit the certified court disposition and that the review process will significantly delay, and may prohibit, the issuance of my substitute authorization letter.
_____	_____	I understand that all fees for fingerprinting and licensing are non-refundable and non-transferable.
_____	_____	I understand that while we normally receive background results within two weeks, occasionally it can take longer during peak times.
_____	_____	I understand that the fingerprint technician must take a photograph along with my digital fingerprints.

If you have any questions, please either call our licensure staff at 708-754-6600, or email licensure@s-cook.org.

Signature of Applicant: _____ Date: _____



Substitute Teacher Background Check Authorization Form

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district including persons who or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

I authorize South Cook Intermediate Service Center to submit fingerprints, photo ID and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize South Cook Intermediate Service Center to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize South Cook Intermediate Service Center to check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.

I understand that conviction on any of the offenses enumerated in the school code or the presence of my name on any of these reports will exclude me from substitute teaching in South Cook County and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the South Cook Intermediate Service Center Executive Director shall share criminal history reports with the Superintendent (or his or her designee) of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I further understand that a copy of the criminal history check shall be provided to me if requested.

I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.

I understand that receiving a South Cook Intermediate Service Center Substitute Authorization certificate does not guarantee that I will be hired as a substitute teacher in South Cook County.

Name (Please Print)

Date

Signature

IEIN or Social Security Number



Fingerprint Authorization & Release

Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school district including persons or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated. By completing and signing this form I authorize South Cook Intermediate Service Center – Region 7 to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) & the Federal Bureau of Investigation (FBI).

To Be Completed By Applicant (photo ID required):

Last Name: _____ First Name: _____ Middle Name: _____
 City/State/Zip: _____ Telephone Number: _____
 Email Address: _____
 Date of Birth: ____/____/____ Place of Birth: _____ US Citizen: Yes No
 Social Security Number: ____ - ____ - ____ Drivers License Number: _____ State: Illinois

Please use the following codes when completing this form:

SEX	RACE	HAIR	EYES
M = Male	W = White	BAL = Bald	BLK = Black
F = Female	B = Black	GRY = Gray	BLU = Blue
U = Unknown	H = Hispanic	BRO = Brown	BRO = Brown
	A = Asian/PI	BLK = Black	GRN = Green
	I = Native American	BLN = Blonde	MUL = Multi
	U = Unknown	RED = Red	PNK = Pink
		SDY = Sandy	U = Unknown
		WHI = White	GRY = Gray
		OTH = Other	HZL = Hazel

*Sex: _____
 *Race: _____
 *Eyes: _____
 *Hair: _____
 Height: _____ Feet _____ Inches
 Weight (pounds): _____

I authorize South Cook ISC – Region 7 to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP) and the FBI. The ISP shall conduct a fingerprint-based criminal history records check and shall furnish to the president of the school board of the receiving school district the applicant's records of convictions, until expunged. The president of the school board shall keep a conviction record confidential and share it only with the Superintendent, the appropriate Regional Superintendent/Executive Director, the State Superintendent of Schools, the State Teacher Certification Board, or any other person necessary to the hiring decision. **A copy of the record of convictions shall be provided to the applicant for employment.**

Signature of Applicant: _____ Date: _____



Special Notes Regarding Fingerprinting

Unfortunately, in some instances, a person's fingerprint submission contains illegible or insufficient minutia data

As a result:

- Fingerprint images cannot be processed by the Automated Fingerprint Identification System (AFIS)
 - If the first attempt at the fingerprint images results in an insufficient result, a second attempt to reprint the applicant must be made, per Illinois State Police (ISP) and Federal Bureau of Investigations (FBI) regulations
 - If the ISP/FBI rejects the transaction a second time, a name based inquiry will be required
 - The cost for the initial background check is \$60 payable by money order or cashier's check
 - This fee includes a first and second attempt, if applicable
 - If the first two attempts are rejected by the ISP/FBI and the background check does not provide sufficient results, an additional fee of \$16 will be charged to the applicant to submit a name based inquiry
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I understand that:

- If more than one fingerprint attempt is required, my background check results may take at least three months to receive;
- The first two fingerprint attempts are included in the original \$60 fee;
- If a name check is required, I am responsible for the additional \$16 fee, payable via money order/certified check
- When my authorization is ready, I must pick up the results at South Cook ISC and I must show my driver's license/state id to receive the authorization; we are unable to release your authorization to any third party.

Applicant Name: _____

Signature of Applicant: _____

Date: _____