



School of Education - Professional Educator Initial Licensure Application

Name: _____ Aurora University ID#: _____
First M Last

Address: _____ Date of Birth: _____

City State Zip: _____ Race: _____

Gender: Male Female Prefer Not to Say Ethnicity: _____
(Optional) Hispanic/Latino/Other

Home Phone: _____ Cell Phone: _____ Email: _____

Previous Colleges Attended: _____

AU MAJOR: Early Childhood Special Education Secondary Education: Area of Study _____
 Physical Education, K-12 Special Education Elementary Education

CRIMINAL BACKGROUND INVESTIGATION

I agree to complete a criminal background check (CBC) through a fingerprint analysis facilitated by the Kane County Regional Office of Education in accordance with section 10-21.9 of the Illinois School Code. I understand if I do not comply I will not be permitted to continue coursework in the School of Education and Human Performance Initial Licensure Programs. I understand if I am rejected or removed from a field site/school/school district because of major or minor offenses found on my CBC, I will not be allowed to continue in methods or student teaching until my CBC has been expunged of negative information.

Initial: _____ Date completed: _____

TUBERCULOSIS TEST

I agree to provide the test results of a Tuberculosis test and report any communicable diseases. (TB, HIV, etc.):

Initial: _____ Date completed: _____

Please note any physical or emotional health issues that you feel we should be aware of should an emergency arise.

DISPOSITION

I have received a copy of the Professional Disposition Form and understand I am to demonstrate the disposition indicators set forth. Initial _____

STATEMENT OF UNDERSTANDING

I have read, signed and dated the Statement of Understanding for Initial Licensure Requirements.

Initial _____ Date completed: _____

EDUCATOR LICENSURE INFORMATION SYSTEM ACCOUNT

I understand that I am required to open an account with the Educator Licensure Information System (ELIS) and submit my IEIN identification number to the Initial Licensure Office. Initial _____ IEIN: _____

DCFS MANDATORY REPORTER TRAINING

I understand that I am to complete the DCFS Mandatory Reporter Training and provide a Certificate of Completion and the required signed forms to the Initial Licensure Office. Initial _____ Date completed: _____

I am aware of the basic admission requirements to be accepted into the School of Education Professional Educator Initial Licensure Programs and hereby certify that the information given by me on this application is true and complete. I understand that failure to provide accurate information is cause for removal from the program.

Date: _____ Signature of Applicant: _____

Deadline for admission for fall is the first day of the Fall semester. Deadline for admission for spring is the first day of the Spring semester.

The application and additional School of Education Initial Licensure requirements must be submitted to Lynn Streit in the Institute for Collaboration, Suite 222.