

ILLINOIS EDUCATOR LICENSURE INFORMATION SYSTEM – ELIS
EDUCATOR ENTITLEMENT APPLICATION WIZARD

Type or cut and paste the following link into the computer browser –

<https://sec3.isbe.net/IWASNET/login.aspx>

NOTE: The use of Internet Explorer is highly recommended. Firefox is the next best choice. Both Safari and Chrome cause complications for ELIS users.

Type in the Login and the Password – Click

LOG IN

Illinois State Board of Education
James T. Meeks, Chairman Christopher A. Koch, State Superintendent

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me **Already have an account? Login Here :**

Login

Password

Remember Login Name

LOG IN

Now

word

Us **Get Password?**

If you have forgotten your login name or password, click on the link below.

[Find Login/Password](#)

New Partner - Sign up Now

Some ISBE web-based systems require electronic signatures. You can create your own logon id and password by clicking on the following link. After you establish your logon, you will then have the ability to request authorization to use ISBE's systems.

[Sign Up Now](#)

Need Help?

If you need help with logging in, the sign up procedure or your password, please click on the link below.

[Help](#)

This web site has been optimized for Internet Explorer 6.0 or above / Firefox 2.0 or above. You can download the latest version of these browsers by clicking on the following icons.

Click **Continue >>**

Illinois State Board of Education
Gery J. Chico, Chairman Christopher A. Koch, State Superintendent

for EDUCATORS IWAS for EDUCATORS IWAS for EDUCATORS IWAS for EDUCATORS

STELIZ Hello Elizabeth, you last logged in 4/15/2015 12:05:34 PM.

ofile **Welcome to your personal IWAS for Educators account.**

e Password From this page you can click on the "Continue" button to access all of your credentials online.

+ DOE **Continue >>**

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ELIS searches for the user home page.



Click

Primary Information Full Name: Elizabeth Test IEIN: 951316 DOB: 11/5/1978 Gender: Female	Contact Information Address: 1234 Main Street City, State Zip: Springfield, IL 62702 Email: <input type="text"/> Primary Phone: (555) 555-5555 Secondary Phone: (217) 555-1212 Click Here to Edit Your Contact Information	Profile PD Status: Click Here to
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It appears you have completed an Approved Illinois Educator Preparation Program. Click 'Apply Now' button below to apply for a license and/or endorsement(s)

License
Professional Educator License (PEL) <input type="button" value="Apply Now"/>
Endorsements
Elementary Education (Self Contained General Education)
English As A Second Language
Language Arts
Approval
Early Childhood Special Education (ECT)

Answer the questions – click

Candidate Entitlement Application

Please answer the following required questions of the Criminal History Disclosure Statement.

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	Have you ever had a certificate denied, suspended, or revoked in Illinois or any other state?
<input type="radio"/>	<input type="radio"/>	Have you ever been convicted of a felony, or any sex, narcotics, or drug offense in Illinois or any other state?
<input type="radio"/>	<input type="radio"/>	Have you 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 same for any tax as required by law and administered by that Department that was not subsequently resolved to the Department's satisfaction?
<input type="radio"/>	<input type="radio"/>	Have you ever been indicated as a perpetrator of child abuse or neglect by a state agency responsible for child welfare? (Note: You must answer "Yes" to this question even if the report was removed from the State Central register due to expiration of the retention period, but you may answer "No" to this question if the finding was reversed on appeal.)
<input type="radio"/>	<input type="radio"/>	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?
<input type="radio"/>	<input type="radio"/>	I certify, under penalty of perjury, that I do not have a child support order, and/or that I am not more than 30 days delinquent in complying with a child support order. I understand that I must sign this statement, whether or not I have children, and failure to certify may result in disciplinary action, and making a false statement may subject me to contempt of court. A written explanation is required of those unable to complete this certification.
<input type="radio"/>	<input type="radio"/>	I do hereby affirm that the information provided above is true, correct and complete. Applicants who knowingly alter or misrepresent their qualifications in order to obtain a license shall be denied its issuance and may be subject to the suspension or revocation of all previously held licenses.

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Enter the Credit Card#, Expiration Date, and Verification Code on the back of the credit card.

Enter the name on the credit card, the billing address, city, state, and zip code.

NOTE: Users cannot change the Payment Type, the Amount, the Registration Fee, Processing Fee, or the Total App Fee. *It is not necessary to enter the type of credit card. Debit cards are also acceptable.*

suspension or revocation of all previously held licenses.

Payment Type: Credit Card *

Credit Card #: [REDACTED] * no spaces or dashes

Expiration Date: 10/2018 * (Example: 08/2011)

Verification Code: 078 *

Please provide the name on the credit card. You must also provide the billing address for the credit card being used, and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address).

Name on Credit Card: Elizabeth Test *

Billing Street: 123 Main Street *

Billing City: Springfield *

Billing State: Illinois *

Billing Zip: 61747 *

Amount: 100.00 *

Registration Fee: 0 *

Processing Fee: 1.75 *

Total App Fee: **\$101.75**

Review the information – click

Please review the information below. Once you have reviewed the information, click the "Make Payment" button to complete the professional license application process.

Primary Information

Name: Elizabeth Test
Gender: F Maiden: unknown
Birth Date: 11/5/1978

Contact Information

Address: 1234 Main Street
City State, Zip: Springfield IL, 62702
Country: US
Work Phone: (555) 555-5555
Home Phone: (217) 555-1212
Primary Email Address: [REDACTED]

Payment

Amount: \$100.00

Note: A convenience fee will be charged when making payment. The Illinois State Board of Education has contracted with FORTE, a third-party company, to provide credit card processing services. The non-refundable fee will be assessed by FORTE and will appear as a separate charge on your credit card statement.

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ELIS confirms the application process was successful. Click

Finish

Candidate Entitlement Application

Please review the following information.

You have successfully applied for your new Illinois teaching credential.

Your license has been issued. You must now register your license in at least one Illinois region. Click "Finish" to be taken to the Registration section of your account.

[Click here to view your credential information.](#)

Continue - Please continue the wizard

Cancel - Please cancel the wizard

Finish

*If your screen indicates your license has been routed to a licensure specialist (rather than issued), you responded unsatisfactorily to one of the background questions or are missing evidence of a required degree or licensure test. Your application will be reviewed by an ISBE evaluator.

Click on **Register This License Only**

License Code	License	Status Code	Status Desc	Application Date	Issued	Expires	Register
PEL	Professional Educator License	I	Issued	04/15/2015	04/15/2015	06/30/2020	Register This License Only

Click on the down arrow (▼) to select a region. Educators employed in an IL public, charter, or state-operated school should choose the region in which they work. Educators not employed in an IL public, charter, or state-operated school should choose the region in which they reside. Educators may change the region in which they registered anytime at no additional cost. Click **Next**

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Register Unregistered Licenses

To be valid for employment in an Illinois public or state-operated school, an issued license must be registered in at least one region in the state. After completing the following steps, your license will be registered for its full validity period (for example: A professional educator license will be registered for five years.) Registration fees are \$10 per year and will be collected at the end of the registration process. Any past registration fees that have not been paid will also be collected at this time. Please complete the following steps to register your license.

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Please select the primary region in which you would like to register your license and click the "Next" button. You should register your license in the region where you plan to work or live. You will have an opportunity to select additional regions at no cost in the Credentials section of your ELIS account.

Region:

Previous Region	New Region
02	If you work in Union, Alexander, or Pulaski County, choose Region 30 If you work in Johnson or Massac County, choose Region 21
10	Choose Region 03
22	Choose Region 26
38	If you work in Logan County, choose Region 17 If you work in Menard County, choose Region 51 If you work in Mason County, choose Region 53
43	If you work in Woodford County, choose Region 53 If you work in Putnam or Marshall County, choose Region 35
46	Choose Region 01
55	Choose Region 47

Enter the Credit Card#, Expiration Date, and Verification Code on the back of the credit card.

Enter the name on the credit card, the billing address, city, state, and zip code.

NOTE: Users cannot change the Payment Type, the Amount, the Registration Fee, Processing Fee, or the Total App Fee. *It is not necessary to enter the type of credit card. Debit cards are also acceptable.*

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Payment Type:	Credit Card *
Credit Card #:	██████████ * no spaces or dashes
Expiration Date:	10/2018 * (Example: 08/2011)
Verification Code:	078 *

Please provide the name on the credit card. You must also provide the billing address for the credit card being used, and this address must match the address on the credit card statement (the holder of the credit card's address, not the bank's address).

Name on Credit Card:	Elizabeth Test *
Billing Street:	123 Main Street *
Billing City:	Springfield *
Billing State:	Illinois *
Billing Zip:	61747 *
Amount:	\$0.00 *
Registration Fee:	\$50.00 *
Processing Fee:	1.75 *
Total App Fee:	\$51.75

Review the information – click

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Total App Fee: *

Please review the information below. Once you have reviewed the information, click the "Make Payment" button. By clicking the "Make Payment" button you are electronically registering your license and authorizing the Illinois State Board of Education to charge your credit card for the listed amount. All payments are non-refundable.

Primary Information

Name: **Elizabeth Test**
Gender: F
Birth Date: **11/5/1978**
Maiden: **unknown**

Contact Information

Address: **1234 Main Street**
City State, Zip: **Springfield IL, 62702**
Country: **US**
Work Phone: **(555) 555-5555**
Home Phone: **(217) 555-1212**
Primary Email Address:

Region

Region: **15 - CITY OF CHICAGO**

Payment

Amount: **\$50.00**

Note: **Once you have reviewed the information, click the "Make Payment" button to register your license. After clicking the "Make Payment" button, it may take up to one minute to approve the transaction. Do not refresh the screen or click on any buttons or you may be double charged.**

ELIS confirms that the license is registered – click

Register Unregistered Licenses ?

Please review the following information.

Your license has been registered as you requested, and it is now valid for employment in an Illinois public or state-operated school. If you would like to register your license in additional regions, click 'Finish', then select the link under the 'Register' tab beside your license on the following page. You can register your license in additional regions for no charge.

- Continue - Please continue the wizard
 Cancel - Please cancel the wizard

**ILLINOIS EDUCATOR LICENSURE INFORMATION SYSTEM – ELIS
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ELIS defaults to the Credentials screen. The tables on the credentials screen reflect the Professional Educator License (including the expiration and registration dates), Endorsements and Approved Programs, Approvals, and Region of Registration.

Credentials

Primary Information

Full Name: Elizabeth Test
IEIN: 951316
DOB: 11/5/1978
Gender: Female

Contact Information

Address: 1234 Main Street
City, State Zip: Springfield, IL 62702
Email:
Primary Phone: (555) 555-5555
Secondary Phone: (217) 555-1212

[Click Here to Edit Your Contact Information](#)

Profile

PD Status: Active

[Click Here to Update Your PD/Employment Status](#)

[Show All](#)

Licenses

Select	License ID	License	Status Code	Status Desc	Entitlement	Application Date	Issued	Expires	ROE	Registered Thru	Register	Apply
Select	2268750	Professional Educator License	I	Issued	IL-UIU (09/05/2006)	04/15/2015	04/15/2015	06/30/2020	15	2020	Register in an Additional Region	Apply for Endorsement

Illinois Approved Program Endorsements For Selected License

Description	Grade	Status Description	Issued	Approved Program Grade	Entitlement	Application Date
Elementary Education	Kindergarten through Grade 9	Issued	09/05/2007		IL-UIU (11/17/2010)	04/15/2015
Elementary Education (Self Contained General Education)	Kindergarten through Grade 9	Issued	09/05/2007		IL-UIU (11/17/2010)	04/15/2015
Elementary Education (Self Contained General Education)	Kindergarten through Grade 9	Issued	04/15/2015		IL-ISU (04/15/2015)	04/15/2015
English As A Second Language	Kindergarten through Grade 9	Issued	04/15/2015		IL-ISU (04/15/2015)	04/15/2015
Language Arts	Junior HS - Grade 5 through Grade 8	Issued	04/15/2015		IL-ISU (04/15/2015)	04/15/2015

Approvals

Approval Code	Approval	District Code	Application Received	Status	Approval Denied/Granted Date	End Date
ECT	Early Childhood Special Education		04/15/2015	Approved	04/15/2015	

Designations

Source	Status	Endorsement	Grade	Candidate Number	Issue Year	Expires

Registration

Fiscal Year	School Year	Region Code	Region	License Code	License	Certificate Number
2020	2019-2020	15	CITY OF CHICAGO	PEL	Professional Educator License	