



Illinois State University

Student Instructions – National Criminal Background Check Application

ISU requires a national criminal background check on all teacher candidates. If you have any questions about the background screening process, please contact:

Cecilia J. Lauby Teacher Education Center (TEC)

Illinois State University

Campus Box 5440, DeGarmo 56

Normal, IL 61790-5440

Phone: (309) 438-3541

Fax: (309) 438-8684

Office hours: Monday-Friday, 8 a.m.-4:30 p.m.

TeacherEdCenter@IllinoisState.edu

PBAQuestions@IllinoisState.edu

ClinicalQuestions@IllinoisState.edu

or

Bushue Background Screening

P.O. Box 89.

Effingham, IL 62401

Phone: 217-342-3042

Fax: 217-342-5653

Office hours: Monday-Friday, 8 a.m.-5:00 p.m.

info@bushuebackgroundscreening.com

*This process is mobile-friendly, but we suggest you begin with a decently-sized screen, desktop or laptop, and solid internet connection.

Step A:

Click on the background screening link - [ISU Education - Background Check](#). The background screening link can also be found online at: <https://education.illinoisstate.edu/teacher/clinical/>

Step B:

You will be directed to a webpage that informs you of your rights as a consumer and asks you to provide your personal information. Please type in all information and click "Next". Shown below.

Illinois State University Background Screening Instructions

In connection with your enrollment with Illinois State University you have agreed to authorize to a background screen. To ensure that your rights are protected, this investigation will be conducted by the following Consumer Reporting Agency:

Bushue Background Screening
P.O. Box 89
302 East Jefferson
Effingham, IL 62401

Phone: 217-342-3042

This investigation will be conducted in compliance with federal law, which provides specific protection to you, as stated in the following document: Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) prepared pursuant to 15 U.S.C. Section 1681-1681u.

[Click here now to read the above mentioned document.](#)

On the next page, you will be guided through the process of signing an FCRA Compliant DISCLOSURE AND AUTHORIZATION form authorizing this background investigation by Bushue Background Screening. If you have any questions about the process or your rights in this matter, please contact Bushue Background Screening at (217) 342-3042 or email info@bushuebackgroundscreening.com

To proceed, please complete EVERY field requested below then click NEXT:

Department	Secondary & K12 Programs ▾	Choose a major or select NA
First Name	Neil	
Middle Name	Alden	
Last Name	Armstrong	
Email Address	bbsdemos@gmail.com	EMAIL ADDRESS IS REQUIRED
Phone Number	217-342-3042	Numbers only or (XXX) XXX-XXXX
Street Address	302 E Jefferson Ave	Full Street Address
City	Effingham	
State	IL	Full State Name or Abbreviation
Zip Code	62401	
Social Security Number (SSN)	111-11-1111	999999999 or 999-99-9999 format
Birth Date (DOB)	11/11/1111	YYYYMMDD format or MM/DD/YYYY format



Step C:

After clicking next, you will be directed to a new page in which you will be given instructions on how to sign the applicable forms. Click "Sign Forms" as shown below and highlighted with a yellow box:

READ ME - FULL INSTRUCTIONS FOR THIS PAGE

STEP 1: Click on the link below **SIGN Forms** to authorize this background investigation. You will be applying a legally binding electronic signature with Adobe EchoSign. Once you have signed the DISCLOSURE AND AUTHORIZATION, you will be returned to this page. A copy of the DISCLOSURE AND AUTHORIZATION will be emailed to you.

STEP 2: To complete the process, review the FINAL STEP - Authorization to Proceed: I Agree or I do not Agree at the very bottom of this page. If you agree, **SUBMIT ORDER** to complete the process.

UPLOAD DOCUMENTS (.gif, .jpg, .png, .pdf, .tif, only)

Forms **SIGN Forms** (Click only once - this may take a few seconds.)

Carefully review the forms and complete all sections. After answering the Yes/No questions and providing your Student Identification Number you will be prompted to sign in four separate sections (3 total pages).

Please answer the following questions fully and accurately:

	Yes	No
1. Have you ever had a teaching certificate denied, suspended or revoked in any state or country?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you ever been indicated as a perpetrator of child abuse or neglect by a state agency responsible for child welfare?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you ever been convicted of, pled guilty to, or been placed on court supervision for any criminal offense other than a minor traffic violation?		
A. Felony	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Sex offense	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Drug or narcotic offense	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Any other criminal offense in any state or in federal court (other than minor traffic violations).	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked yes for any of Question 1-3, please provide the following detailed information to the Director of the Lauby Teacher Education Center in order to be assessed for Gateway One. 1. date(s); 2. county(s), 3. state(s); 4. nature of the offense; 5. final outcome; and 6. any documents showing completion of requirements.

Any additional convictions must be reported to the Director of the Lauby Teacher Education Center.
I have answered these questions to the best of my ability and do hereby affirm that the information provided above is true, correct and complete. I understand that I am required to complete a criminal background investigation prior to beginning my first clinical experience. I understand that I am responsible for continuous reporting of any convictions to the Director of the Lauby Teacher Education Center within one week of the conviction or guilty plea.

Identification Number: 12345678

When completing the signature sections, you will have two options. You can either type your name in or trace your signature with your finger/stylus (if you're on a touchscreen device). Then, click "Apply".

Type Signature

Sign

Neil Armstrong

Clear

Close Apply

To complete the signature process, click "Click to Sign" to finish Step C.

Signature: *Neil Armstrong*

Email: bbsdemos@gmail.com

I agree to the [Terms of Use](#) and [Consumer Disclosure](#) of this document

Click to Sign

Step D:

You will then be directed back to the previous screen. Review the terms and conditions shown at the bottom of the page. If you understand and agree, checkmark the box “I agree” and click “Submit Order”

I agree that I have been provided with and have read a copy of the Summary of Your Rights Under the Fair Credit Reporting Act. [Click here to review your rights under the FCRA.](#)

I certify that I have read and signed the Disclosure and Authorization provided by Illinois State University.

I understand I will be prompted to make a valid credit or debit card payment on the following page. If I do not make payment, I understand that my background check will not be completed and my enrollment in the Teacher Education program at ISU could be effected. If you would like, you're free to make payment over the phone at 217-342-3042.

I agree

I do NOT agree


SUBMIT ORDER

Step E:

To checkout, click “Click Here to Pay”.


Department	Recruiter	ApplicantID	Name	Date	Type	Amount
Secondary & K12 Programs		201902153000072	Armstrong, Neil	02/15/2019	BHR Basic #1 (Non-Employment)	\$1.00
Secondary & K12 Programs		201902153000072	Armstrong, Neil	02/15/2019	Applicant Total	\$1.00


Invoice	201902153000072	1.00
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Click on the PayPal logo to make payment and complete the order.

If you have a PayPal account and choose to checkout with PayPal, please sign-in. If you chose to checkout as guest and without a PayPal account, click on “Pay with Debit or Credit Card”.



 \$1.00 USD

Pay with PayPal

Enter your email address to get started.

Next

Use mobile number instead

or

Pay with Debit or Credit Card

Lastly, if you choose to checkout by not signing into PayPal, you will be asked to enter your payment information. Shown below.

Country
United States

VISA DISCOVER

Card number

Expires CSC

First name Last name

Billing address

Street address

Apt., ste., bldg.

City

State ZIP code

Ship to my billing address

Contact Information

Phone type Mobile Phone number +1

Email

Pay Now

If you have any issues when making payment, you are free to call Bushue Background Screening at 217-342-3042 to make payment over the phone. If you have any further questions, please call or email Bushue Background Screening at 217-342-3042 or info@bushuebackgroundscreening.com