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](https://education.illinoisstate.edu/teacher/clinical/). The background screening link can also be found online at: [https://education.illinoisstate.edu/teacher/clinical/](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.

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**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:

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<table>
<thead>
<tr>
<th>Department</th>
<th>Secondary &amp; K12 Programs ♦</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
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</tr>
<tr>
<td>Middle Name</td>
<td>Aiden</td>
</tr>
<tr>
<td>Last Name</td>
<td>Armstrong</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:bbsdemos@gmail.com">bbsdemos@gmail.com</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>217-342-3042</td>
</tr>
<tr>
<td>Street Address</td>
<td>302 E Jefferson Ave</td>
</tr>
<tr>
<td>City</td>
<td>Effingham</td>
</tr>
<tr>
<td>State</td>
<td>IL</td>
</tr>
<tr>
<td>Zip Code</td>
<td>62401</td>
</tr>
<tr>
<td>Social Security Number (SSN)</td>
<td>111-11-1111</td>
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<tr>
<td>Birth Date (DOB)</td>
<td>11/11/1111</td>
</tr>
</tbody>
</table>

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EMAIL ADDRESS IS REQUIRED  
Numbers only or (XXX) XXX-XXXX  
Full Street Address  
Full State Name or Abbreviation  
9999999999 or 999-99.9999 format  
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:

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**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.

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

Click only once - this may take a few seconds.

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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).

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**Please answer the following questions fully and accurately:**

1. Have you ever had a teaching certificate denied, suspended or revoked in any state or country?
   - [ ] Yes
   - [x] No

2. Have you ever been indicated as a perpetrator of child abuse or neglect by a state agency responsible for child welfare?
   - [ ] Yes
   - [ ] No

3. Have you ever been convicted of, pleas guilty to, or been placed on court supervision for any criminal offense other than a minor traffic violation?
   - [ ] Yes
   - [x] No
   
   A. Felony
   - [ ] Yes
   - [ ] No
   
   B. Sex offense
   - [ ] Yes
   - [ ] No
   
   C. Drug or narcotic offense
   - [ ] Yes
   - [ ] No
   
   D. Any other criminal offense in any state or in federal court (other than minor traffic violations)
   - [ ] Yes
   - [ ] No

If you marked yes for any of Question 1-3, please provide the following detailed information to the Director of the Laubly 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 Laubly 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 Laubly 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”.

To complete the signature process, click “Click to Sign” to finish Step C.
**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”
Step E:

To checkout, click “Click Here to Pay”.

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

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