

**ILLINOIS STATE BOARD OF EDUCATION**

Educator & School Development Division  
100 North First Street, E-310  
Springfield, Illinois 62777-0001

**2009-2010 Verification of Eligibility for the \$3000 Annual Stipend**

Iroquois-Kankakee Regional Office of Education (I-KAN ROE)  
NBPTS State Support Site  
189 E. Court Street, Suite 600  
Kankakee, IL 60901  
Telephone : 815/936-3359

**INSTRUCTIONS:**

Complete and submit this form to the I-KAN ROE **no later than Wednesday, March 31, 2010.**

**MAIL OR FAX TO:**

I-KAN Regional Office of Education  
Attn: Vicki Hensley/Michelle ZumMallen  
189 East Court Street, Suite 600  
Kankakee, Illinois 60901 **Fax: 815/937-3901**

**SECTION I – APPLICANT INFORMATION**

NAME OF NBC TEACHER/SCHOOL COUNSELOR		LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER  <b>XXX-XX- _____</b>	
ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)	
	EMPLOYED AS (Check ONE box ONLY) <input type="checkbox"/> FULL-YEAR, FULL-TIME TEACHER <input type="checkbox"/> SCHOOL COUNSELOR		
E-MAIL	ILLINOIS MASTER CERTIFICATE NUMBER	DATE ILLINOIS MASTER CERTIFICATE ISSUED	

**This form shall be submitted by the individual as documentation of eligibility for the payment of a \$3000 Annual Stipend for the 2009-2010 school year if it is submitted by the March 31, 2010 deadline.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Teacher/School Counselor

**SECTION II – DISTRICT OR OTHER PUBLIC ENTITY INFORMATION**

**Eligibility Requirements (ALL of the boxes below must be checked to qualify) – Each Teacher must:**

- Hold both an Illinois Master Certificate and a corresponding certificate issued by the National Board for Professional Teaching Standards (NBPTS)
- Be employed by a district, as a teacher/school counselor, as the individual originally assigned to a full-year, full-time position whose functions are specifically authorized by a teaching certificate and include the provision of instruction to students
- Be employed prior to or on October 1, 2009

DISTRICT/SCHOOL INFORMATION	DISTRICT PAYROLL/PERSONNEL INFORMATION
DISTRICT/ENTITY NAME AND NUMBER	NAME OF DISTRICT PAYROLL/PERSONNEL ADMINISTRATOR
REGION, COUNTY, DISTRICT, TYPE CODE	TELEPHONE NUMBER DISTRICT PAYROLL/PERSONNEL ADMINISTRATOR (Include Area Code)
DISTRICT/ENTITY OFFICE ADDRESS (Street, City, State, Zip Code)	OFFICE ADDRESS OF DISTRICT PAYROLL/PERSONNEL ADMINISTRATOR (Street, City, State, Zip Code)
SCHOOL NAME (SPECIFY IF EMPLOYED BY A CHARTER SCHOOL)	E-MAIL ADDRESS OF DISTRICT PAYROLL/PERSONNEL ADMINISTRATOR
NAME OF SUPERINTENDENT/ADMINISTRATOR AND TITLE	DISTRICT CONTACT/LIAISON FOR NBC TEACHER

\_\_\_\_\_ Date

\_\_\_\_\_ Signature and Title of Verifying Administrator