

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development Division
 100 North First Street, E-310
 Springfield, Illinois 62777-0001

2008-2009 Verification Of Eligibility for the \$3000 Annual Stipend

Iroquois-Kankakee Regional Office of Education (I-KAN ROE)
 NBPTS State Support Site
 189 East Court Street, Suite 600
 Kankakee, Illinois 60901

INSTRUCTIONS:

Complete and submit this form to the I-KAN ROE upon achievement of National Board certification. Deadline to submit is **no later than Tuesday, March 31, 2009.**

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 AND ADDRESS OF NBC TEACHER (Street, City, State, Zip Code)

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER

X X X - X X - _____

HOME TELEPHONE (Include Area Code)

WORK TELEPHONE (Include Area Code)

7 DIGIT ILLINOIS MASTER CERTIFICATE NUMBER

DATE CERTIFICATE ISSUED

E-MAIL ADDRESS

This form shall be submitted by the individual as documentation of eligibility for the payment of a \$3000 annual stipend for the 2008-2009 school year if it is submitted by the March 31, 2009 deadline.

_____ Date

_____ Signature of Teacher

SECTION II - DISTRICT OR OTHER PUBLIC ENTITY INFORMATION

Employment Verification (Note to employing school district or other public entity):

Holders of an Illinois Master Certificate and the corresponding certificate issued by the National Board for Professional Teaching Standards (NBPTS) who are employed by a school district as a teacher or school counselor in a public school setting are eligible for a \$3000 annual stipend. **Insufficient appropriations may result in the proration of your payment.**

DISTRICT/SCHOOL INFORMATION	DISTRICT PAYROLL/PERSONNEL INFORMATION
DISTRICT/ENTITY NAME AND NUMBER	NAME OF DISTRICT PAYROLL/PERSONNEL ADMINISTRATOR
REGION, COUNTY, DISTRICT, TYPE CODE (RCDT)	TELEPHONE NUMBER OF DISTRICT PAYROLL/PERSONNEL ADMINISTRATOR
DISTRICT/ENTITY OFFICE ADDRESS (Street, City, State, Zip Code)	DISTRICT PAYROLL/PERSONNEL ADMINISTRATOR ADDRESS (Street, City, State, Zip Code)
SCHOOL NAME	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