



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777

REQUEST FOR DESIGNATION TO COMPLETE MEDICAL
REVIEWS AND MAKE RECOMMENDATIONS FOR IEPs BY
REGISTERED NURSES WHO DO NOT HOLD
PROFESSIONAL EDUCATOR LICENSED ENDORSED
AS SCHOOL NURSE

WELLNESS DEPARTMENT

IMPORTANT: To be evaluated for the designation, you must obtain or already have an IEIN (Individual Educator Identification Number). If you have not already done so, obtain that number at <https://sec.isbe.net/iwas/asp/login.asp?js=true>. An IEIN (established with the creation of an ELIS account) is required for issuance of the designation.

DIRECTIONS: The Applicant should complete this form and seek employer's signature prior to electronically sending the form to ISBE. For questions related to this designation, contact Wellness Department at (217) 782-5270.

NAME OF EMPLOYEE (Last, First, Middle Initial) (Include any previous last names)	IEIN	BIRTH DATE (mm/dd/yyyy)
ADDRESS OF EMPLOYEE (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	EMPLOYMENT DATE (mm/dd/yyyy)
	WORK E-MAIL	
NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT	REGION, COUNTY, DISTRICT, TYPE CODE	TELEPHONE (Include Area Code)
ADDRESS OF EMPLOYER (Street, City, State, Zip Code)	NAME OF CONTACT PERSON	
	CONTACT E-MAIL	

I certify that the information above and the documentation accompanying this application are true and accurate to the best of my knowledge.

*Signature of District Superintendent
and/or Others if Applicable*

Date

*Signature of State-Approved Director
of Special Education*

Date

*Printed Name of State-Approved Director
of Special Education*

The State-Approved Directory of Special Education Department Administrators is available at https://www.isbe.net/Documents/sped_admin_directory.pdf.

I wish to receive designation to complete medical reviews and make recommendations for IEPs: Yes No

I HAVE COMPLETED THE FOLLOWING ON THE DATE INDICATED BELOW (Check one only):

Course: RN's in Schools: Expanding Your Special Education Role: (Date) _____

Subject Matter Test (School Nurse (236) Content Test): (Date) _____

Professional Licensure held: RN APN Highest academic degree _____

Applicant's Signature

Printed Name

Date