

**Illinois Association of School Nurses Foundation**  
**REQUEST FOR A PROFESSIONAL LICENSED/ENDORSED SCHOOL NURSE**  
**MENTOR**

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Personal E-mail:** \_\_\_\_\_

**Educational background:**

\_\_\_\_\_

**Years of experience in school nursing:** \_\_\_\_\_ **Years as an endorsed school nurse:** \_\_\_\_\_

**IASN/NASN #** \_\_\_\_\_

**Job Title of Current Nursing Position:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **School District #:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Population Served and/or Focus of Practice (grades, populations, special programs):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Support Desired:**

- \_\_\_\_\_ **Information about general school nursing issues**
- \_\_\_\_\_ **Guidance on time management/prioritizing**
- \_\_\_\_\_ **Assistance in locating resources/information for specific situations**
- \_\_\_\_\_ **A listening ear, someone to act as a sounding board**
- \_\_\_\_\_ **Other:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_