

IASN
REQUEST FOR A PROFESSIONAL EDUCATOR LICENSED/CERTIFIED
SCHOOL NURSE MENTOR

Name: _____ Credentials: _____

Address: _____ Home Phone: _____
_____ Cell Phone: _____
_____ E-mail: _____

Educational background:

Years of experience in school nursing: _____ Years as an PEL-CSN school nurse: _____

IASN/NASN ID Number: _____

Job Title of Current Nursing Position: _____

Employer: _____ School District #: _____

Work Address: _____ Work phone: _____
_____ Work email: _____

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: _____