



**NOTIFICATION OF SCHOOL SERVICE PERSONNEL INTERN ELIGIBILITY STATUS**

**GENERAL INTERNSHIP INFORMATION:** Individuals enrolled in approved Illinois school service personnel programs for School Nurse, School Psychologist and School Social Worker must serve an internship. It is the responsibility of the intern to find a position with an approved internship site. A listing of such sites is available from your Illinois university.

*Interns from out of state colleges must file an Application for Certificate (ISBE 73-03) by the beginning of their Illinois internship experience. At the conclusion of the internship, the out of state college must submit a notice of its completion which includes a description of the internship experiences and time frame to the Professional Certification Division.*

**INSTRUCTIONS FOR COMPLETING THE FORM:** Do not send this form to the Illinois State Board of Education. Please print or type. The completed form must be submitted to the employing LEA (Local Education Agency). The LEA must submit the form and form ISBE 73-42, "Request for Approval of Other Special Education Personnel", within the first 30 working days to the regional superintendent in order to expend local, state or federal funds.

**NOTE TO THE CITY OF CHICAGO SCHOOL DISTRICTS:** Chicago School Districts must file one copy of this form and ISBE 73-42. These forms should be mailed to the Illinois State Board of Education, 100 North First Street, Springfield, Illinois 6277-0001.

**SECTION I - To be completed by applicant.**

NAME OF APPLICANT (Last - First - Middle - Maiden)	SOCIAL SECURITY NUMBER
MAILING ADDRESS	PHONE (Area Code)
HOME ADDRESS (if different from above)	PHONE, if different (Area Code)

SEX  
 Male     Female

Have you:     Yes     No    Ever had a certificate denied, suspended or revoked in Illinois or any other state?  
 Yes     No    Ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?  
 Yes     No    Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department's satisfaction?  
 Yes     No    Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?  
 Yes     No    Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?

(Attach written explanation for yes answers.)

**Signature Required**

*I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. I understand that failure to so certify shall result in disciplinary action and making a false statement may subject me to contempt of court.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

Application is for:     **School Nurse Intern Eligibility**     **School Psychologist Intern Eligibility**     **School Social Worker Intern Eligibility**

*I do hereby affirm that the information provided above is true, correct and complete.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**SECTION II - To be completed by the Illinois teacher education institution approved to train school service personnel by the State Teacher Certification Board.**

The intern has met the academic requirements of the approved school service personnel program and is recommended for approval to participate in an internship program for academic year \_\_\_\_\_ .

[ SEAL ]

\_\_\_\_\_ Institution Submitting Application

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Program Director

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Official and Seal of Institution

**SECTION III - To be completed by the out-of-state institution approved to train school service personnel by the respective State Board of Education.**

The intern has met the academic requirements of the approved school service personnel program and is recommended for approval to participate in an internship program for academic year \_\_\_\_\_ .

[ SEAL ]

\_\_\_\_\_ Institution Submitting Application

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Program Director

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Official and Seal of Institution

**I recommend intern eligibility.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Illinois Regional Superintendent

\_\_\_\_\_ County