

IF YOU WANT TO BE AN ILLINOIS CERTIFICATION BOARD MENTOR

Fill out this form and return it to the registration desk or to the Illinois Certification Board directly at ICB, c/o Mentorship Program, 401 E Sangamon Ave, Springfield, IL 62702

NAME _____

AGENCY _____

CERTIFICATION
NUMBER _____

HOW DO YOU WANT TO BE LISTED/CONTACTED?

E-mail _____

Phone _____

I HAVE READ AND UNDERSTAND THE ILLINOIS CERTIFICATION BOARD MENTORSHIP PROGRAM. I HAVE READ AND UNDERSTAND THE ETHICS OF ILLINOIS CERTIFICATION BOARD MENTORSHIP AND WILL UPHOLD THIS CODE.

Signature _____

Printed Name: _____

Date: _____