



APPLICATION FOR CAREER AND TECHNICAL EDUCATION CERTIFICATE/CREDENTIAL/ENDORSEMENT

Department of Career and Technical Education SFN 5415 (03/05)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for identification purposes.]

SECTION ONE	Legal Name	Former Name, If Applicable	Social Security Number
	Address	City, State	Zip Code
	Email Address	Work Telephone Number	Home Telephone Number

Are you employed, or being offered employment for, a teaching position in an approved Career and Technical Education program?
 No Yes (If yes, please list school/institution, program area and administrator's name below)

School/Institution	Program Area	Administrator
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Certification is requested for:

Agriculture Education	Family & Consumer Sciences Occupational	Special Needs
Business & Office Technology	Health Careers	Technology Education
* Career Development	Information Technology	Trade, Industry, Technical Career
Diversified Occupations	Marketing Education	Career Cluster

Attach copies of college transcripts, current teaching certificates and/or licenses, or *counseling credential, if applicable.

Check the level(s) of education for which certificate/credential/endorsement is requested: Secondary Postsecondary Adult

In what occupation do you have wage earning experience?	How many years of experience do you have in this occupation?
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Did this work experience include supervision of other employees? No Yes (Explain, giving dates and number of persons supervised)

Are you willing to take a competency test pertaining to the subject matter you will teach? No Yes

EDUCATION – COLLEGE OR UNIVERSITY (Attach Transcripts)

SECTION THREE	Name and Location	Number of Semester Hours	Dates Attended	Degrees Received	Major Subject

TEACHING AND EDUCATIONAL SUPERVISION EXPERIENCE

SECTION FOUR	Name and Location of School/Institution	Date		Teaching or Educational Supervision Experience
		From	To	

REFERENCES

SECTION FIVE	Name	Address	Phone Number	Occupation

WORK EXPERIENCE OTHER THAN TEACHING AND EDUCATIONAL SUPERVISION

Describe employment or occupational history listing the last six years of work history, most recent first.

SECTION SIX	Name and Address of Employer	Dates of Employment		Number of Hours Employed	Job Title
		From Month/Year	To Month/Year		

TRAINING VERIFICATION

Any non-college credited in-services, conferences, workshops and training sessions you have attended in the last five years. Attach completion certificates and/or signed verification letters for each session listed. Copy form as needed.

SECTION SEVEN	Name of Training Session		Session Provider		
	Location of Session	Date Attended	Hours Earned	CEU's Earned	
	Brief Description of Session				
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Signature of Applicant

Date

STATE USE

Approved

Disapproved

Comments _____

Signature of Supervisor

Date