



# APPLICATION FOR CAREER AND TECHNICAL EDUCATION SPECIAL POPULATIONS TUTOR CREDENTIAL (NEW/RENEWAL)

Department of Career and Technical Education SFN 59309 (11/15)

State Capitol 15<sup>th</sup> 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 (Last 4 digits only)
	Address	City, State	Zip Code
	Email Address	Work Telephone Number	Home Telephone Number
	School/Institution	School Address	Administrator

### JOB DESCRIPTION

(List primary duties associated with the tutor position or attach full job description)

SECTION TWO	
-------------	--

### CREDENTIAL REQUEST

With my signature, I affirm that the individual listed in Section One is qualified to perform the job duties listed above (or on the enclosed job description) and request a credential on his/her behalf.

SECTION THREE	_____	_____
	Signature	Date
	_____	_____
	Print or type name	Mailing Address
_____	_____	
Phone Number	Email Address	

### STATE USE

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date