



TRAINEESHIP APPLICATION
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF SPECIAL EDUCATION
SFN 13417 (07/2019)

Mail to:
Department of Public Instruction Office
of Special Education
600 East Boulevard Avenue, Dept. 201
Bismarck, ND 58505-0440

Please Type or Print

Demographic Information

First Name	Last Name	Maiden Name	
Present Street Address/Box Number	City	State	ZIP Code
E-mail Address (regularly checked)	Do you have a <i>Plan on file</i> (Tutor in Training) with Education Standards & Practices Board (ESPB)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Telephone Number	Work Telephone Number	Cell Phone	
Permanent Street Address/PO Box	City	State	ZIP Code

Do you have a North Dakota Special Education Endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, in what area?
Do you have a North Dakota Educator's Professional License? Yes <input type="checkbox"/> No <input type="checkbox"/>	ND Educator's Professional License Number
For which Special Education Endorsement or related area of Special Education are you applying?	

Experience

List your teaching or supervisory experience in education beginning with current position.

Place	Position	Dates
Place	Position	Dates
Place	Position	Dates

List other work experience as related to your application.

Place	Position	Dates
Place	Position	Dates
Place	Position	Dates

Education

College or University Attended	Dates Attended	Degree	Major	Credit Hours Semester	Credit Hours Quarter

Application

University you plan to attend	Have you applied to their graduate program? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full-time - Five (5) or more credits this semester	<input type="checkbox"/> Part-time - Two (2) to four (4) credits this semester

Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, date accepted?)
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If you have not been accepted into the program, you must make contact with a university advisor notifying them of your intent to enroll should you receive a traineeship.

I plan to serve as a supervisor or teacher in the area of special education in which I will be prepared after professional preparation under this program. <input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently teaching in <input type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> N/A

Signature

Signature of Applicant	Date
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REMINDER: The Traineeship Application packet must be returned as a complete package and include the following:

- Letter of Intent
- Traineeship Application Form (SFN 13417)
- Two (2) Professional Recommendation Forms (SFN 53154)
- Current & Undergraduate Transcripts (Unofficial)
- Program of Study Form (SFN 53155)
- Special Education Unit Recommendation (SFN 53153)