



APPLICATION FOR A SPECIAL EDUCATION TECHNICIAN CERTIFICATE OF COMPLETION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF SPECIAL EDUCATION
SFN 62037 (7/2021)

Last Name	First Name	Middle	
Maiden Name	Email Address	Telephone	
Mailing Address	City	State	ZIP Code (9 digit)

Transcripts of credits covering the required courses for the certificate must accompany this application packet.

School Information (if applicable)

School/District Employed	School Mailing Address		
City	State	ZIP Code (9 digit)	Telephone
Position	Superintendent		

Signature

Signature of Applicant	Date
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Please send your signed **Special Education Technician application and supporting documentation** to the Office of Special Education, Department of Public Instruction, 600 East Boulevard Avenue, Dept. 201, Bismarck ND, 58505-0440.