



APPLICATION FOR A SCHOOL HEALTH TECHNICIAN CERTIFICATE OF COMPLETION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF EDUCATIONAL IMPROVEMENT & SUPPORT
SFN 62185 (05/2022)

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

Provide the following documentation

<input type="checkbox"/> Attach copies of your: <ul style="list-style-type: none">➤ Successful completion of the following trainings<ul style="list-style-type: none">• First Aid, CPR, and Automated External Defibrillator training• Medication Administration course taught by a registered nurse, and• Completion of an approved online training as identified by NDDPI and NDDHHS

School Information

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 Application for a School Health Technician Certificate of Completion and supporting documentation** to the Department of Public Instruction, Office of Educational Improvement & Support, 600 East Boulevard Avenue, Dept. 201, Bismarck, ND 58505-0440, or email to dpiees@nd.gov.