



**APPLICATION FOR SPECIAL EDUCATION CREDENTIAL**  
**DIRECTOR OF SPECIAL EDUCATION**  
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF SPECIAL EDUCATION  
SFN 9447 (02/2017)

Name		
Address		
City	State	ZIP Code
ND Teaching Certificate Number	ND Teaching Certificate Expiration Date	

Transcripts of credits covering the required courses for the credential should accompany this application packet.

According to this information, sent to the Director of Special Education, Department of Public Instruction, I believe I am qualified for the credential applied for.

Applicant Signature	Date
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**I. DEGREES - Required: Master's Degree (list all Degrees)**

Degree	Date Received	University/College

**II. COURSEWORK – Required: Basic preparation in one area of special education**

Area of Spec Ed	Total Hours	University/College	Date Completed



**III. EXPERIENCE - Required:** At least two years of successful experience in special education (one area). List all experience in school and related experience

Location	Position	Dates

**IV. RECOMMENDATIONS - Required:** Name of one supervisor from each work experience above. Two others from among colleagues or others who know you.

Name	Position	Address

Return to: ND Department of Public Instruction  
 Office of Special Education  
 600 E Blvd Ave, Dept 201  
 Bismarck, ND 58505-0440