



**LICENSED PERSONNEL RECORD**  
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
 OFFICE OF MANAGEMENT INFORMATION SYSTEMS  
 Rev. 06/22/2016

MIS03

Page 1 of 3  
 Due Date: 9/19/2020

**School Year: 2020-2021**

**School Name:** \_\_\_\_\_

1.			2.		3.				4.		5.	
Co. No.	LEA No.	Sch. No.	License Number	First	MI	Last	Maiden Name	Email Address			Birthday mm/dd/yyyy	Gender

6.						7.	8.	9.	10.	11.	12.	13.							
Ethnicity	American Indian or Alaskan Native	Asian	Native Hawaiian or Pacific Islander	Black or African American	White	Total Salary	Days Contract Period	School's Emp. No.*	No. Yrs. Educ. Exp.	Emp. Prev. Yr.	No. Yrs. Admin. Exp.	Time Devoted to							
												PK	K	1-6	7-8	9-12			

14. Assignment														17.	18.				19.		
Major Assignment			Other Assignment 1			Other Assignment 2			Other Assignment 3			Other Assignment 4			Full Time Equiv	Highest Degree				Bachelor Degree	
Pos. Title	of Resp.	Time	Pos. Title	of Resp.	Time	Pos. Title	of Resp.	Time	Pos. Title	of Resp.	Time	Pos. Title	of Resp.	Time		Level	Institution	Yr. Received	Graduate Sem. Hrs.	Institution	Yr. Received

Instructional Program PK-12																													
Section A.											Section B.		Section C. Other School			Section D. Enter No. of Pupils Taught Per Grade by Gender													
D.P.I. Course Code	D.P.I. Course Name					No. Wks. Per Yr.	No. Min. Per Wk.	Period of Day	Credit Code	DC	ID	Co. No.	LEA No.	Sch. No.	Gender	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
23.															M														
															F														
	School's Course Section*									School's Course No.*			School's Course Name*																
24.															M														
															F														
	School's Course Section*									School's Course No.*			School's Course Name*																
25.															M														
															F														
	School's Course Section*									School's Course No.*			School's Course Name*																
26.															M														
															F														
	School's Course Section*									School's Course No.*			School's Course Name*																

\*Optional

School Name: \_\_\_\_\_

Personnel Name: \_\_\_\_\_

Instructional Program PK-12																									
Section A.						Section B.		Section C. Other School			Section D. Enter No. of Pupils Taught Per Grade by Gender														
D.P.I. Course Code	D.P.I. Course Name	No. Wks. Per Yr.	No. Min. Per Wk.	Period of Day	Credit Code	DC	ID	Co. No.	LEA No.	Sch. No.	Gender	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
27.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
28.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
29.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
30.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
31.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
32.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
33.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
34.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
35.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
36.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
37.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														
38.											M														
											F														
School's Course Section*						School's Course No.*					School's Course Name*														

\*Optional

School Name: \_\_\_\_\_

Personnel Name: \_\_\_\_\_

Instructional Program PK-12																									
Section A.						Section B.		Section C. Other School			Section D. Enter No. of Pupils Taught Per Grade by Gender														
D.P.I. Course Code	D.P.I. Course Name	No. Wks. Per Yr.	No. Min. Per Wk.	Period of Day	Credit Code	DC	ID	Co. No.	LEA No.	Sch. No.	Gender	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
39.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
40.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
41.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
42.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
43.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
44.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
45.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
46.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
47.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															
48.											M														
											F														
School's Course Section*						School's Course No.*				School's Course Name*															

I certify that this is a true and accurate record.

50.			/ / Date
	(A) Personnel Signature	(B) Administrator's Signature	

**A copy may be required by your County Superintendent/Designee.**

\*Optional