



TRAINEESHIP APPLICATION
 DEPARTMENT OF PUBLIC INSTRUCTION
 SPECIAL EDUCATION DIVISION
 SFN 13417 (9-10)

Please Type or Print

Demographic Information

First Name:	MI	Last Name:		
Present Street Address/Box #:	City:	State:	Zip:	
E-mail Address:	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 #:	Work #:	Cell #:		
Permanent Street Address/Box #:	City:	State:	Zip:	
Do you have a ND Special Education Endorsement? <input type="checkbox"/> Yes (If yes, in what area?) _____ <input type="checkbox"/> No	Do you have a ND Teaching Certificate? <input type="checkbox"/> Yes (If yes, enter your ND Teaching Certificate #) _____ <input type="checkbox"/> No			
For which Special Education Endorsement or related area of Special Education are you applying?				

Experience

List your teaching or supervisory experience in education (*begin 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	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"/> Part-time - two (2) to four (4) credits this semester <input type="checkbox"/> Full-time - five (5) or more credits this semester	
Have you been accepted? <input type="checkbox"/> Yes (If yes, what date were you accepted?) _____ <input type="checkbox"/> No	
<i>If you have not been accepted into the program, you <u>must</u> make contact with a university advisor notifying them of your intent to enroll should you receive a traineeship.</i>	
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:

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

Attn: Colleen Schneider
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