



TRAINEESHIP APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
 SPECIAL EDUCATION DIVISION
 SFN 13417 (11-2015)

Please Type or Print

Demographic Information

First Name	MI	Last Name	Maiden Name	
Present Street Address/Box Number	City		State	ZIP Code
E-mail Address (regularly checked)	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			
Telephone Number (home)	Telephone Number (work)		Telephone Number (mobile)	
Permanent Street Address/Box Number	City		State	ZIP Code
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 Number) _____ <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:

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

Attn: Colleen Schneider
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