



APPLICATION FOR MINOR IN POSSESSION (MIP) PROVIDER

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION

SFN 586 (9-2018)

Please complete by typing in all areas. Incomplete forms will not be accepted and may result in a delay in certification.

APPLICANT INFORMATION

Name of Applicant (First, Last, Middle Name)				
Mailing Address		City	State	ZIP Code
Work Telephone Number	Cell Phone Number	Email Address		

QUALIFICATIONS

Education Level	Field of Study
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SELECTED EVIDENCE-BASED EARLY INTERVENTION PROGRAM

Program Name	
Is this program pre-approved by the division? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain program to include point of contact for program provider, website, and federal agency endorsing evidence-based practice. Include materials to this application that includes curriculum and instructing aides.	
Current Certification Date for Selected Program	Certification Expiration Date

REQUIRED ITEMS TO BE ATTACHED

<input type="checkbox"/> Resume	<input type="checkbox"/> Transcripts	<input type="checkbox"/> Diploma	<input type="checkbox"/> Copy of Certificate for Selected Program
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Background check completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Completion
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SIGNATURE

I acknowledge the authenticity of the information provided on this application.

Applicant Signature (your typed name will represent your signature)	Date
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STATE OFFICE USE ONLY

Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved	Expiration Date of Certificate
Comments		