



**APPLICATION FOR MINOR IN POSSESSION (MIP)
INSTRUCTOR CERTIFICATION AND RECERTIFICATION**
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 586 (3-2022)

For more information visit our website www.behavioralhealth.nd.gov/prevention/MIP

Select One	<input type="checkbox"/> Certification	<input type="checkbox"/> Recertification
------------	--	--

APPLICANT INFORMATION

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

MIP CLASS INFORMATION

Class Fee	Do you provide the option of completing classes virtually? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	--

BUSINESS INFORMATION

Would you like to identify a business or organization MIP classes will be conducted from? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide name and address of Organization/Business below:</i>			
Name of Organization/Business		Telephone Number	
Mailing Address	City	State	ZIP Code
Physical Address	City	State	ZIP Code

QUALIFICATIONS

The requirement of a bachelor's degree may be waived for driving under the influence seminar instructors licensed under chapter 75-09.1-09 prior to December 31, 2017.

Bachelor's Degree Requirement Waived (certificate prior to December 31, 2017 attached)

Education Level	Field of Study
-----------------	----------------

SELECTED EVIDENCE-BASED EARLY INTERVENTION TRAINING PROGRAM

Program Name
Is this program approved by the division? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

REQUIRED ITEMS TO BE ATTACHED

Initial Certification
<input type="checkbox"/> Background Check
<input type="checkbox"/> Diploma, Transcript, or Proof of DUI Instructor License Prior to 12/31/2017
<input type="checkbox"/> Copy of Certificate from Selected Training Program
Recertification
<input type="checkbox"/> Background Check
<input type="checkbox"/> Copy of Prime For Life Continuing Education Certificate(s) Totaling 6 Hours

OPTIONAL - PUBLIC DIRECTORY CONTACT INFORMATION

This information will be made public and displayed in a directory for individuals seeking Minor In Possession early intervention services (i.e. referral agencies, courts, etc.). Provide only the information you wish to be displayed

Name		Telephone Number
Email Address	Website	

SIGNATURE

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

Applicant Signature (your typed name will represent your signature)	Date
---	------

Completed forms can be

Emailed to: dhsbhd@nd.gov

Or

Mailed to :
Behavioral Health Division
600 E Boulevard Ave Dept. 325
Bismarck ND 58505

For questions, call 701-328-8920 or email dhsbhd@nd.gov