



**PROVIDER RECERTIFICATION/CHANGE OF PROGRAM
APPLICATION FOR MINOR IN POSSESSION (MIP)**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 587 (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	

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

No longer providing services

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		

For questions, click here: dhsbhd@nd.gov