



**APPLICATION FOR CAREER AND TECHNICAL EDUCATION
PROVISIONAL YEAR 1 ALTERNATIVE TEACHING LICENSE**
DEPARTMENT OF CAREER AND TECHNICAL EDUCATION
SFN 61257 (09-2019)

State Capitol 15th Floor
600 E Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Email cte@nd.gov

Legal Name	Former Name, If Applicable	Birth Date	
Address	City	State	ZIP Code
Work Email Address	Work Telephone Number	Home Telephone Number	
Are you employed, or being offered employment for, a teaching position in an approved CTE program? <input type="checkbox"/> No <input type="checkbox"/> Yes			
School/Institution Where Employed	Program Area	School Administrator	
Certification is requested for: <input type="checkbox"/> Agriculture Education <input type="checkbox"/> Business Education <input type="checkbox"/> Family & Consumer Sciences Education <input type="checkbox"/> Marketing Education <input type="checkbox"/> Technology & Engineering Education			

EDUCATION – COLLEGE OR UNIVERSITY (Attach Transcripts – minimum 2.5 GPA)

Name of College/University	Location	Number of Semester Hours	Dates Attended	Degrees Received	Major Subject

Have you completed the following required courses:

Transition to Teaching Yes No If no, this needs to be completed during first year of license

Philosophy of CTE Yes No If no, this needs to be completed during provisional period

Managing a CTSO Yes No If no, this needs to be completed during provisional period

Praxis needs to be successfully completed during first year of license.

TEACHING OR OTHER EXPERIENCE WORKING WITH CHILDREN

Name of Activity/Group	Location	Date		Describe Experience
		From	To	

WORK EXPERIENCE OTHER THAN TEACHING AND EDUCATIONAL SUPERVISION

Describe employment or occupational history listing the last eight years of work history, most recent first.

Name of Employer	Address	Dates of Employment		Number of Hours Employed	Job Title
		From Month/Year	To Month/Year		

RELATED TRAINING/CERTIFICATION VERIFICATION

Any non-college credited in-services, conferences, workshops and training sessions you have attended in the last five years. Attach completion certificates and/or signed verification letters for each session listed. Copy form as needed.

Name of Training/Certification		Session Provider			
Location of Session	Date Earned	Hours Earned	CEU's Earned		
Brief Description of Session					
Name of Training/Certification		Session Provider			
Location of Session	Date Earned	Hours Earned	CEU's Earned		
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Brief Description of Session					

Signature of Applicant		Date
Signature of Administrator		Date

STATE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Supervisor	Date
Comments		