



**APPLICATION FOR CAREER AND TECHNICAL EDUCATION
PROVISIONAL YEAR 2 ALTERNATIVE TEACHING LICENSE**
DEPARTMENT OF CAREER AND TECHNICAL EDUCATION
SFN 61383 (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 | | | |
| Praxis Exam Score: _____ Praxis Exam Number or Area: _____ | | | |
| Include with this application: <ul style="list-style-type: none"> Letter of recommendation from your Superintendent or CTE Director Praxis Test Taker Score Report | | | |

EDUCATION – COLLEGE OR UNIVERSITY (Attach Transcripts – does not need to be official)

| Name of College/University | Location | Number of Semester Hours | Dates Attended | Degrees Received | Major Subject |
|----------------------------|----------|--------------------------|----------------|------------------|---------------|
| | | | | | |
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| | | | | | |
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TEACHING OR OTHER EXPERIENCE WORKING WITH CHILDREN

| Location | Date | | Describe Experience |
|----------|------|----|---------------------|
| | From | To | |
| | | | |
| | | | |
| | | | |

| | |
|----------------------------|------|
| Signature of Applicant | Date |
| Signature of Administrator | Date |

STATE USE ONLY

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