



**APPLICATION FOR CAREER AND TECHNICAL EDUCATION  
CERTIFICATE/CREDENTIAL/ENDORSEMENT**  
DEPARTMENT OF CAREER AND TECHNICAL EDUCATION  
SFN 5415 (09-2019)

State Capitol 15<sup>th</sup> Floor  
600 E Blvd 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"/> Yes <input type="checkbox"/> No (If yes, please list school/institution, program area and administrator's name below)			
School/Institution	Administrator		Program Area
Certification is requested for: <input type="checkbox"/> Agriculture Education <input type="checkbox"/> Career Development <input type="checkbox"/> Marketing Education <input type="checkbox"/> Business Education <input type="checkbox"/> Diversified Occupations <input type="checkbox"/> Special Needs <input type="checkbox"/> Career Clusters <input type="checkbox"/> Family & Consumer Sciences <input type="checkbox"/> Technology & Engineering Education <input type="checkbox"/> Career Advisor      Occupational			
Check the level(s) of education requested: <input type="checkbox"/> Secondary <input type="checkbox"/> Postsecondary <input type="checkbox"/> Adult			
In what occupation do you have wage earning experience?		How many years of experience do you have in this occupation?	
Did this work experience include supervision of other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain and give dates and number of persons supervised)			
Are you willing to take a competency test pertaining to the subject matter you will teach? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EDUCATION – COLLEGE OR UNIVERSITY** (Attach transcripts if applicable)

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

**TEACHING AND EDUCATIONAL SUPERVISION EXPERIENCE**

Name	Location	Date		Experience
		From	To	

**REFERENCES**

Name	Address	Telephone Number	Occupation

**WORK EXPERIENCE OTHER THAN TEACHING AND EDUCATIONAL SUPERVISION**

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

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

**TRAINING 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 Session		Session Provider	
Location of Session	Date Attended	Hours Earned	CEU's Earned
Brief Description of Session			
Name of Training Session		Session Provider	
Location of Session	Date Attended	Hours Earned	CEU's Earned
Brief Description of Session			
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Signature of Applicant	Date
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**STATE USE**

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