



**APPLICATION FOR CTE POSTSECONDARY CREDENTIAL FOR
HEALTH SCIENCES EDUCATION
INFORMATION TECHNOLOGY EDUCATION
TRADE, INDUSTRY & TECHNICAL EDUCATION**
DEPARTMENT OF CAREER AND TECHNICAL EDUCATION
SFN 61264 (09-2019)

State Capitol 15th 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"/> No <input type="checkbox"/> Yes			
School/Institution Where Employed	Program Area	School Administrator	
Certification is requested for: <input type="checkbox"/> Health Sciences Education <input type="checkbox"/> Information Technology Education <input type="checkbox"/> Trade, Industry & Technical Education			

In what occupation do you have wage earning experience?	How many years of experience do you have in this occupation?
Are you willing to take a competency test pertaining to the subject matter you will teach? <input type="checkbox"/> No <input type="checkbox"/> Yes	

EDUCATION – COLLEGE OR UNIVERSITY

(Attach copies of transcripts if applicable)

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

TEACHING AND EDUCATIONAL SUPERVISION EXPERIENCE

Name	Location	Date		Teaching or Educational Supervision 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.
For military experience attach form DD2586.

Name of Employer	Address of Employer	Dates of Employment		Number of Hours Employed (1 yr = 2,000 hrs)	Job Title
		From Month/Year	To Month/Year		

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 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
Signature of School Administrator	Date

STATE USE

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