



**RENEWAL APPLICATION FOR CTE SECONDARY TEACHING LICENSE FOR**  
**HEALTH SCIENCES EDUCATION**  
**INFORMATION TECHNOLOGY EDUCATION**  
**TRADE, INDUSTRY & TECHNICAL EDUCATION**  
 DEPARTMENT OF CAREER AND TECHNICAL EDUCATION  
 SFN 61263 (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

Name		Date of Birth	
Address	City	State	ZIP Code
Email Address	Work Telephone Number	Home Telephone Number	
Are you employed in a teaching position in an approved Career and Technical Education program? <input type="checkbox"/> No <input type="checkbox"/> Yes			
School/Institution Where Employed	Program Area	School Administrator	
Renewal is requested for: <input type="checkbox"/> Health Sciences Education <input type="checkbox"/> Information Technology Education <input type="checkbox"/> Trade, Industry & Technical Education			

**TRAINING VERIFICATION**

List 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.  
 Attach copies of college transcripts if applicable.

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 Administrator	Date