



**APPLICATION FOR CAREER AND TECHNICAL EDUCATION  
SPECIAL POPULATIONS TUTOR CREDENTIAL (NEW/RENEWAL)**  
DEPARTMENT OF CAREER AND TECHNICAL EDUCATION  
SFN 59309 (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

**APPLICANT INFORMATION**

Legal Name	Former Name, If Applicable	Social Security Number (Last 4 digits)	
Address	City	State	ZIP Code
Email Address	Work Telephone Number	Home Telephone Number	
School/Institution	School Address	Administrator	

**JOB DESCRIPTION**

(List primary duties associated with the tutor position or attach full job description)

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**CREDENTIAL REQUEST**

With my signature, I affirm that the individual identified in the Applicant Information section is qualified to perform the job duties listed above (or on the enclosed job description) and request a credential on his/her behalf.

Signature of Applicant	Date
Signature of School Administrator	Date

**STATE USE**

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