



**RENEWAL APPLICATION FOR CAREER AND TECHNICAL  
EDUCATION CERTIFICATE/CREDENTIAL/ENDORSEMENT**  
Department of Career and Technical Education  
SFN 51688 (9/04)

State Capitol 15<sup>th</sup> Floor  
600 East Boulevard Ave Dept 270  
Bismarck ND 58505-0610  
Phone 701-328-3180  
Fax 701-328-1255

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for identification purposes.]

|   |  |  |                     |
|---|--|--|---------------------|
| Name  |  | Social Security Number   |                     |
| Address   |  | City, State  | Zip Code            |
| Email Address   |  | Work Number  | Home Number         |
| Are you employed, or being offered employment for, a teaching position in an approved Career and Technical Education program?<br>No Yes (If yes, please list school/institution, program area and administrator's name below) |  |  |                     |
| _____ School/Institution  |  | _____ Program Area   | _____ Administrator |
| Renewal is requested for:   |  |  |                     |
| Agriculture Education<br>Business & Office Technology<br>* Career Development<br>Diversified Occupations  |  | Family & Consumer Sciences Occupational<br>Health Careers<br>Information Technology<br>Marketing Education |                     |
|   |  | Special Needs<br>Technology Education<br>Trade, Industry, Technical<br>Career Clusters                     |                     |
| <b>Attach copies of college transcripts, current teaching certificates and/or licenses, or *counseling credential, if applicable.</b>   |  |  |                     |

**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 |               |                  |              |
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date