



# STATE BOARD OF EDUCATION

Commonwealth of the Northern Mariana Islands — *Public School System*

PO Box 501370 Saipan, MP 96950 • Tel. 670 237-3051 • E-mail: [boe.certification@cnmipss.org](mailto:boe.certification@cnmipss.org)



## CAREER TECHNICAL EDUCATION (CTE) Certification Application Checklist

Last Name, First Name, M.I.: \_\_\_\_\_

### INSTRUCTOR I

*Valid for Two (2) Years – Renewable*

- Signed and Completed Certification Application Form
- Fingerprint Submission (valid for one (1) year)
- Medical Clearance (valid for one (1) year)
- Payment receipt of \$35.00 (processing fee per certification)
- Recommendation Letter from a Supervisor/Principal
- High School Diploma or Equivalent
- 3-24 College Credits
- At least 2 years' work related experience

### INSTRUCTOR II

*Valid for Four (4) Years – Renewable*

- Met Instructor I Requirements
  - Signed and Completed Certification Application Form
  - Background Check:
    - Fingerprint Submission (if re-entering the system after two (2) years)
    - Police Clearance (valid for one (1) year)
  - Medical Clearance (valid for one (1) year)
  - Payment receipt of \$35.00 (processing fee per certification)
  - Recommendation Letter from a Supervisor/Principal
- OR**
- High School Diploma or Equivalent
  - 4+ years teaching experience
- OR**
- AA Degree
  - 2+ years teaching experience
- Official Transcript or Certificate of Completion in required courses for Career Technical Education
- Proof of completion of sixty (60) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses

### INSTRUCTOR III

*Valid for Six (6) Years – Renewable*

- Met Instructor II Requirements
  - Signed and Completed Certification Application Form
  - Background Check:
    - Fingerprint Submission (if re-entering the system after two (2) years)
    - Police Clearance (valid for one (1) year)
  - Medical Clearance (valid for one (1) year)
  - Payment receipt of \$35.00 (processing fee per certification)
  - Recommendation Letter from a Supervisor/Principal
- OR**
- Bachelor's Degree or higher
  - 6+ years relevant teaching experience
- OR**
- State/National Industry certification related to and aligned with the CTE content, verified by original or notarized copy
  - 6+ years relevant teaching experience
- OR**
- 10+ years of verifiable industry experience and/or teaching experience related to and aligned with the CTE content
- Proof of completion of two hundred forty (240) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses

**\*\*\*INCOMPLETE APPLICATION PACKET WILL NOT BE ACCEPTED\*\*\***

## FINGERPRINT PROCESS

The Commonwealth of the Northern Mariana Island (CNMI) Certification and Licensure Office requires fingerprint processing for the following:

1. First-time applicants applying for certification;
2. Applicants who have left or returning to the CNMI Public School System (PSS);
3. Off-island applicants

On your fingerprint cards, please complete the areas that are marked with an “X” and ensure that the “CIRCLED” information is on your fingerprint card. See SAMPLE BELOW. Incomplete fingerprint cards will be returned to the applicant causing a delay in the processing of the application and issuance of the credential.

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
FD-296 (REV. 12-10-00)		LAST NAME NAM	FIRST NAME	MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED X		ALIASES AKA X	Dept. of Public Safety MK 00 10000 Mariana Islands Saipan MP 96950				
RESIDENCE OF PERSON FINGERPRINTED X		CITIZENSHIP CTZ	SEX X	RACE X	HGT X	WGT X	EYES X
DATE X	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS X	YOUR NO. OCA					HAIR X
EMPLOYER AND ADDRESS CNMI Public School System P.O. Box 501370 Saipan, MP 96950		FBI NO. FBI	LEAVE BLANK				
REASON FINGERPRINTED Teacher Certification		ARMED FORCES NO. MNU	CLASS _____				
		SOCIAL SECURITY NO. SOC X	REF _____				
		MISCELLANEOUS NO. MNU					

### Fingerprint Submission Process:

1. Attach the two (2) original fingerprint cards with your fingerprints to your certification application packet
2. Ensure that the fingerprint technician completes the “CERTIFICATE OF FINGERPRINT SUBMISSION FORM” (see page 10 of the certification application form)
3. Attach \$48.00 money order payable to “**CNMI Treasury**” for processing payment

The fingerprint processing time may take at least three (3) months to complete. The CNMI Certification and Licensure Office will be following-up with the CNMI Department of Public Safety for the fingerprint clearance/results. Should you have any questions or concerns regarding the fingerprint process, feel free to contact the CNMI Certification and Licensure Office at [boe.certification@cnmipss.org](mailto:boe.certification@cnmipss.org) or (670) 237-3051.

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
**BOARD OF EDUCATION**  
**Certification and Licensure Office**  
**Building 1241, Capitol Hill**  
**P.O. Box 501370**  
**SAIPAN, MP 96950**

Please note that we do not maintain pending files and cannot match pieces of an application that arrive separately so make sure that everything is submitted together.

**SECTION 1: PERSONAL INFORMATION**

Type or print, using black ink, all information required on the application. Use your full legal name. You must also list all former names, including your maiden name. If your address changes before you get your certificate, be sure to notify us in writing of the change and include your full name and social security number in correspondence. Fill in your gender, height, weight, and eye and hair color. This information should be identical to the information that you previously provided on the fingerprint cards.

**SECTION 2: CHARACTER AND FITNESS**

Read the questions carefully before you answer them. If you answer “yes” to any question, you must submit a full explanation and your application will be referred to staff working with the Certification Committee for evaluation of your fitness to teach, or be a librarian, or fitness or competence to perform other duties which would be authorized by the certificate.

*NOTE:* Information that you provide is subject to investigation of your moral character and true identity by means of review of information, reports, records, and other data from any agency or department of the Commonwealth or any other justification when secured by the Certification Committee for such purposes.

**SECTION 3: OATH, AFFIDAVIT, AND RELEASE**

Every person applying for a certificate must complete the “Oath And Affidavit” without alternation, and sign his or her full legal name as printed at the top of page 1 of the attached application. If you do not sign the attached “Oath and Affidavit” your application will be rejected.

# APPLICATION FOR CNMI CTE INSTRUCTOR CERTIFICATE

## SECTION 1. PERSONAL INFORMATION (PLEASE PRINT OR TYPE USING BLACK INK)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Full Legal Name:

\_\_\_\_\_ Home Phone ( \_\_\_\_\_ )

First Middle Last

Former Name(s):

\_\_\_\_\_ Work Phone ( \_\_\_\_\_ )

First Middle Last

Assigned School

\_\_\_\_\_

Mailing Address \_\_\_\_\_

P.O. Box Number City State Zip Code

Email address \_\_\_\_\_

**PLEASE CHECK MARK WHICH CERTIFICATE YOU ARE APPLYING FOR:**

**CTE INSTRUCTOR:**

INSTRUCTOR I

INSTRUCTOR II

INSTRUCTOR III

## SECTION 2. CHARACTER AND FITNESS

Answer each question by checking the **yes or no** box. If you answer yes to any question please attach a full explanation of your answer.

1. Have you ever held a C.N.M.I Basic Teaching certificate before?  Yes  No
2. Have you ever held or do you presently hold a credential or license authorizing you to teach in public schools in another state?  
*If you answered Yes you must complete "Verification of Good Standing" forms for each jurisdiction you have been credentialed or licensed in and return it with this application.*  Yes  No
3. Have you ever been convicted of any felony or misdemeanor offense, including pleading no contendere, in the CNMI or in any other state or place?  
*If you answered Yes you must complete the "Criminal Conviction" forms for each conviction and return it with this application.*  Yes  No
4. Are you addicted to the use of alcohol?  Yes  No
5. Are you addicted to the use of any narcotics or drugs?  Yes  No
6. Have you ever had *any application* for a credential, including but not limited to any Certificate of Clearance, permit, credential, license, or other document authorizing school service or teaching, suspended, revoked, voided, denied, and/or otherwise for cause in any state or other place?  Yes  No
7. Have you ever had *any application* for a credential, including but not limited to any Certificate of Clearance, permit, credential, license, or other document authorizing school service or teaching denied and/or rejected for cause in any state or other place?  Yes  No
8. Have you been dismissed, resigned from, entered into a settlement agreement, or otherwise left school employment to avoid investigation for alleged misconduct and/or dismissal in any state or other place?  Yes  No
9. Are you now the subject of any inquiry, review, or investigation by a teacher-licensing agency in connection with any alleged misconduct; or is any disciplinary action now pending against you in any school district or before any teacher licensing agency or court in any state or other place; or is any adverse action now pending against any credential you hold, including but not limited to any Certificate of Clearance, permit, credential, license or other document authorizing school service or teaching, before any teacher licensing agency or court in a state or other place?  Yes  No

10. Do you currently have any outstanding criminal charges pending against you in any state or place?  Yes  No  
*If you answered Yes you must complete the "Criminal Conviction" form for each pending criminal charge and Return it with his application.*
11. Have you ever had any disciplinary action, (including an action that was stayed by the licensing agency) taken against any professional or vocational license in any state or place?  Yes  No
12. Have you ever been a member of the armed forces?  Yes  No
13. If you answered yes to #12, were you discharged honorably?  Yes  No  
*If you answered other than honorably you must submit complete documentation as to the circumstances of your discharge.*

### SECTION 3. OATH, AFFIDAVIT, AND RELEASE

**“By my signature placed below, I promise that the information provided in this application is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for certification and may result in disciplinary action being taken against me, including the possible termination of my employment, civil penalties, and criminal prosecution. By signing this form I authorize the Certification and Licensure Office to investigate all aspects of the Statements contained in it and the accompanying documents. I understand that this investigation will include obtaining a record of arrests and dispositions from the Federal Bureau of Investigation and the Commonwealth Department of Public Safety, a record of prior certification actions through the National Association of the State Directors of Teacher Education and Certification Clearinghouse, may include contacting past employers, co-workers, acquaintances, and state certification personnel regarding my previous personal and employment history, and also medical personnel regarding my physical examination and pertinent medical records.**

**By signing this form I further consent to the release of any and all information from any of the above mentioned agencies and individuals to the Commonwealth of the Northern Mariana Islands Board of Education Certification and Licensure Office and the Public School System for the purposes of ascertaining my fitness to teach, moral character and true identity.”**

Date \_\_\_\_\_ Village/City \_\_\_\_\_

Signature \_\_\_\_\_

**VERIFICATION OF GOOD STANDING  
(CREDENTIAL (S) HELD IN OTHER STATES)**

**SECTION A: *To be completed by the applicant and included with the application. Do not send this form to the state(s) where you have been certified or credentialed. The Committee will request the information.***

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Full Legal Name:

\_\_\_\_\_ Home Phone ( \_\_\_\_\_ )  
First Middle Last

Former Name(s):

\_\_\_\_\_ Work Phone ( \_\_\_\_\_ )  
First Middle Last

Mailing Address \_\_\_\_\_  
P.O. Box Number City State Zip Code

State \_\_\_\_\_ Type of Credential \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct. I hereby authorize the above-mentioned state(s) to release any information concerning my certification to the Commonwealth of the Northern Mariana Islands Board of Education Certified Committee and the Public School System.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**SECTION B: *To be completed by the state credentialing office.***

1. Is this individual the subject of any inquiry, review or investigate in connection with alleged misconduct?  Yes  No
2. Is this person currently, or has this person ever been, subject to any type of disciplinary or adverse action against any credential held by this individual authorizing school teaching or service?  Yes  No
3. Has this individual ever had any credentials authorizing school teaching or service reprovod, suspended, revoked, voided, denied, and/or otherwise rejected for cause?  Yes  No
4. Are you aware of any information, which indicates that, this employee left employment to avoid dismissal?  Yes  No

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

## **CRIMINAL CONVICTION FORM**

(To be completed only if you answered “Yes” to questions 3 or 11 of the application.)  
If you checked “yes to questions 3 and/or 11 of the application you *must provide* the documents listed below, and *fully complete* the reverse side of this form for each conviction. You may use a photocopy of this form if you have more than one conviction to report.

*The following documentation is required before your file can be reviewed:*

### **Conviction of a Crime**

1. Certified copy of the complete investigation or arrest report(s) from the investigation or arresting law enforcing agency.
2. Certified copy of the court documents showing the charges filed against you, including the criminal complaint or information.
3. Certified copies of the complete court papers dockets showing the plea you entered, sentencing, and verification that the conditions of probation were satisfied.

**\*Note:** If any of these records have been purged, an original statement verifying that fact must be received from the court, law enforcement agency, on official letterhead

### **Alcohol or Drug Offense**

1. All information listed above under “Conviction of a Crime.”
2. Certified copies of the certificate(s) of completion for each rehabilitation program attended.
3. Letter(s) from program counselor(s), an official letterhead, verifying successful completion, indicating the type of treatment received, the duration, and the status of your rehabilitation at the time of completion.
4. Printout of Department of Motor Vehicles Record.

**\*Note:** If any of these records have been purged, an original statement verifying that fact must be received from the court, law enforcement agency, on official letterhead

### **Optional Information**

You may also wish to submit acceptable, document evidence of rehabilitation. Example of such rehabilitation evidence includes:

- Recent, dated letter from applicant describing rehabilitative efforts or changes in life to future problems;
- Letters on official letterhead from professional counselors, instructors, employers, probation or parole officers;
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol/drug abuse;
- Proof of community work, schooling, or other self improvement efforts;
- Certified court order expunging record or certificate of rehabilitation.



**CRIMINAL CONVICTION**

**Complete a separate form for each conviction or pending charge.  
(You may photocopy this form.)**

**Conviction or Outstanding Charges (indicate which):** \_\_\_\_\_

\_\_\_\_\_

**Date of Offense:** \_\_\_\_\_

**Name and Address of Arresting/Investigating Agency (Police or Sheriff's Office):** \_\_\_\_\_

\_\_\_\_\_

**Plea and Conditions of Probation, if any:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of the incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(You may attach further documentation and explanation of the incident if you wish)**

**I declare under penalty of perjury that the foregoing, including any attachments, is true and correct. I authorize the above listed courts and law enforcement agencies to release any information concerning me to the Commonwealth of the Northern Mariana Islands Board Of Education Certification Committee and the Public School System.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**CERTIFICATE OF FINGERPRINT SUBMISSION**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

\_\_\_\_\_  
**Applicant's complete name**

**Appeared before me, provided proper identification, and submitted two complete and appropriate sets of fingerprints for the purposes of a national criminal background check pursuant to CNMI Public Law 10-62.**

DPS Finger printer (Print Name) \_\_\_\_\_  
**Last First MI**

DPS Finger printer (Signature) \_\_\_\_\_

**\*\*Required Department of Public Safety stamp or seal below.**

**PHYSICIAN'S MEDICAL EXAMINATION VERIFICATION**

I have conducted a medical examination upon \_\_\_\_\_.  
Name of Applicant

And it is my opinion that he/she does not have a physical or mental impairment that  
(Please mark box that applies):

- Prevents him/her from being able to safely and effectively perform all essential job-related functions once reasonable accommodations are provided by the employer, or
- Poses a significant risk or substantial harm to the health or safety of the employee or other people in the work place that cannot be eliminated or reduced by reasonable accommodation.

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print name of Physician

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**\*\*Required Hospital/Clinic Seal or Stamp here:**