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## AFFILIATE CREDIT FORM

**Affiliate Credit Name: Teacher Nonrenewal**

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**Date of Affiliate Credit: February 8, 2018**

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**Credit Available: 1/2 credit**

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**Signature of Event Staff:**

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**Student's Name (print):**

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**Student's Signature:**

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**Date Signed:**

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RETURN TO NDSBA VIA MAIL: PO BOX 7128, BISMARCK, ND 58507-7128  
or email to [rebecca.wimer@ndsba.org](mailto:rebecca.wimer@ndsba.org)