CONFIRMATION OF HIGHLY QUALIFIED STATUS

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
SFN 58288 (9-2007)

Directions: North Dakota will accept highly qualified status documented in other states. Complete the information in Part 1 and forward the form to the state department of education of the state where the highly qualified status in core academic area was confirmed.

Part 1

Name (Last, First, MI)		
Address		
City	State	Zip Code (9-digit)

Educator's Professional License Number

or

Social Security Number (do not include dashes)

Home Telephone Number	Work Telephone Number	Email Address

Content Area	Date

I do hereby affirm that I achieved the highly qualified status indicated above and all information I have supplied on this form is true, accurate, and complete. I understand that misrepresentation of my qualifications for licensure can result in denial of the license for which I have applied and revocation of any licenses I may hold.

Signature of Applicant	Date

Part 2 - To be completed by State Certification Authority. Please complete this portion and mail to the address at the bottom of the form. An authorized signature and an official seal are required. I have reviewed the above information and certify that the person named in Part 1 has received the highly qualified status in the following core academic areas:

Specify Highly Qualified Area			
☐ Elementary	☐ Middle School	☐ Secondary	☐ K-12 Speciality
Basic Skills Test	Reading Score	Writing Score	Math Score
Specific Content Test		Test Code	Test Score
Specific Content Test		Test Code	Test Score

Highly Qualified Criteria: - required by the state of _____ for teacher certification purposes. Please attach documentation of state's highly qualified definition and documentation of applicant's achievement.

Name of Agency	Email Address	Affix Official Seal
Name of Authorized Official	Title of Authorized Official	
Telephone Number (include area code)	FAX Number (include area code)	
Signature of Authorized Official	Date	

ESPB Reviewed By	Date
Executive Director, ESPB	Date

Submit completed form to:

Education Standards and Practices Board
2718 Gateway Ave, Suite 303
Bismarck, ND 58503-0585
(701) 328-9641 Office

Print Form

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 North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.