



RENEWAL OF NORTH DAKOTA EDUCATOR'S PROFESSIONAL LICENSE
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58416 (10-2008)

Date License Issued (ESPB use only)				Educator's Professional License Number											
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Name (Last, First, MI)		Maiden Name		or											
Address				Social Security Number (do not use dashes)											
				<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
City		State	Zip Code (9-digit)												
Home Telephone Number	Work Telephone Number		Date of Birth		Email Address										
High School Attended			High School City Attended		State										

Part 1. Check the appropriate type of license. Enclose check, money order, or credit card payable to the Education Standards and Practices Board (ESPB). If using credit card, complete the payment page. Complete Parts 1, 2, 3, and 4. Complete Record of Education form (SFN 58417) only if adding a new degree, major, and/or minor. **License may be renewed six months prior to the expiration date.**

<input type="checkbox"/>	\$50 Two Year License. For those who have completed less than 18 months of contracted K-12 teaching time in North Dakota; to substitute teach; or for those who have met all requirements of their Interim Reciprocal Plan.
<input type="checkbox"/>	\$70 Out-of-State Reciprocal License - two year. Attach updated Interim Reciprocal Plan form (SFN 53996) and/or transcripts documenting completed coursework.
<input type="checkbox"/>	\$70 Re-entry License - two year. Select if license expired more than five years ago. Applicant must complete eight semester hours of re-education credit within the first two years of contracted K-12 teaching time in North Dakota. Fingerprinting is required. Contact ESPB to request fingerprint packet.
<input type="checkbox"/>	\$125 First Five Year License. Applicant must have completed a total of eighteen months of contracted K-12 teaching time in North Dakota.
<input type="checkbox"/>	\$125 Subsequent Five Year License. Applicant must have completed at least thirty days of contracted K-12 teaching time in North Dakota in the last five years. Please attach copies of transcripts from a college/university for four semester hours taken within the last five years. Grade reports or credit slips cannot be accepted.
<input type="checkbox"/>	\$50 Out-of-State Highly Qualified License - two years.
<input type="checkbox"/>	\$125 Out-of-State Highly Qualified License - five years. For those who have completed a total of eighteen months of contracted K-12 teaching time in North Dakota. Subsequent five year renewal: Applicant must have completed at least thirty days of contracted K-12 teaching time in North Dakota in the last five years. Please attach copies of transcripts from a college/university for four semester hours taken within the last five years. Grade reports or credit slips cannot be accepted.

Other:

<input type="checkbox"/>	\$50 degree added - Life License. Complete the Record of Education form (SFN 58417) and submit official transcripts with the degree posted.
<input type="checkbox"/>	\$50 degree added - Two year extension. Complete the Record of Education form (SFN 58417) and submit official transcripts with the degree posted.
<input type="checkbox"/>	\$125 degree added - Five year extension. Complete the Record of Education form (SFN 58417) and submit official transcripts with the degree posted.
<input type="checkbox"/>	\$20 Duplicate License.
<input type="checkbox"/>	\$150 Alternative Access License - one year. Attach a letter from your administrator requesting this license.
<input type="checkbox"/>	\$40 Interim Substitute License - one year. Attach a letter from your administrator requesting this license.
<input type="checkbox"/>	\$150 Interim School Counselor - one year. Attach a letter from your administrator requesting this license.
<input type="checkbox"/>	\$50 Probationary License - two year. Eight semester hours of re-education credit are required by the expiration date of this license.
<input type="checkbox"/>	\$125 National Board for Professional Teaching Standards (NBPTS) License. Attach a copy of the NBPTS Certificate.
<input type="checkbox"/>	\$125 Thirty Years of Teaching Life License. Attach documentation of thirty years of licensure in North Dakota, or submit a letter from your administrator verifying thirty years of licensure in North Dakota. If you are currently on a five year license, submit copies of transcripts for four semester hours taken within the last five years.

Part 2. Please check "yes" or "no" for each question. **Must be completed by all applicants.**

1	Are you legally eligible to work in the United States? You must have a valid United States Social Security number to be eligible for a license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Are you able to provide documentation of eligibility to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Were you ever arrested, charged, or convicted of a misdemeanor or felony other than minor traffic offenses? If yes , attach your signed and dated explanation and submit copies of the court records.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you ever been dismissed (fired) from any teaching job, resigned at the request of your employer, or while charges against you or an investigation of your behavior were pending? You must answer "yes" even if the matter was later resolved with any form of settlement or severance agreement regardless of its terms. If yes , attach your signed and dated explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are you presently being investigated by your current or any previous employer or by any licensing, certification, or other regulatory body for any alleged misconduct or other alleged grounds for discipline? If yes , attach your signed and dated explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Have you ever had a license denied, suspended, or revoked in any state, or have you in any way been sanctioned by a licensing, certification, or other regulatory agency or body? If yes , attach your signed and dated explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	If you graduated in teacher education after September 1, 1980, have you completed a course in Native American studies and Multicultural education? If you graduated prior to September 1, 1980, please write "n/a".	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I declare under the penalty of perjury that the information furnished herein is to the best of my knowledge and belief, true, correct, and complete. I understand that knowingly providing false information may be grounds for denial of licensure. **ESPB is authorized to release Social Security Numbers to the BCI and the FBI.** Your signature must be **original** and dated within the last six months.

Applicant Signature	Date
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Part 3. List the current and last two places of **contracted** K-12 education employment. **Substitute** teachers indicate if substitute teaching only.

School Name and City	Grade/Subject
Dates Inclusive (mm/yy to mm/yy)	Immediate Supervisor
School Name and City	Grade/Subject
Dates Inclusive (mm/yy to mm/yy)	Immediate Supervisor
School Name and City	Grade/Subject
Dates Inclusive (mm/yy to mm/yy)	Immediate Supervisor

Part 4. Must be completed by all applicants. Three recommendations are required for all applicants. **Applicants with contracted K-12 experience in the last three years:** two administrative recommenders must be from the most recent contracted employing board, credentialed principals, or superintendents. The third recommender may be the applicant's choice. **Applicants who have not been contracted in the last three years:** please use recommenders who can verify your teaching character and potential at this time.

I am signing on _____ behalf. By signing this application I have considered the applicant's character, adequate educational preparation, and general fitness to teach.

All recommendations or letters of recommendation must be **original** and dated within the last six months.

Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Print Name	Signature	Date
Address		Position	Telephone Number
Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Print Name	Signature	Date
Address		Position	Telephone Number
Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Print Name	Signature	Date
Address		Position	Telephone Number

Return **original** form to: Education Standards and Practices Board; 2718 Gateway Ave, Suite 303; Bismarck ND 58503-0585; (701) 328-9641; www.nd.gov/espb.

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 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.



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card