



APPLICATION FOR NORTH DAKOTA EDUCATOR'S PROFESSIONAL LICENSE
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 9019 (10-2008)

Date License Issued (ESPB use only)				Educator's Professional License Number			
Name (Last, First, MI)				Maiden Name			
Address							
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	

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or
 Social Security Number (do not use dashes)

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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, 4, and 5. Complete Record of Education form (SFN 58417) by sending the form to the college/university for verification of your teacher education program. Include official transcripts from **all** colleges/universities where you have received credit. Fingerprints must be submitted for a background check (contact ESPB to obtain fingerprint packet). Praxis I tests are required for all licensure. Praxis II test(s) are required for all core academic areas and elementary education.

\$30 Application fee - nonrefundable.

\$70 Initial License - two year. Attach official transcripts from **all** colleges/universities.

\$175 Out-of-State Transcript Analysis - nonrefundable.

and

\$70 Out-of-State Reciprocal License - two year, renewable once. Attach official transcripts from **all** colleges/universities.

\$70 Out-of-State Highly Qualified License - two year. Must complete Confirmation of Highly Qualified Status form (SFN 58288).

\$25 40-day Provisional License.

Other:

\$150 Alternative Access License - one year. Attach a letter from your administrator requesting this license.

\$150 Interim School Counselor License - one year. Attach a letter from your administrator requesting this license.

\$40 Interim Substitute License - one year. Attach a letter from your administrator requesting this license.

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. Out-of-state applicants: List the current and last two places of **contracted K-12 education** employment. **Substitute** teachers should indicate they have been subbing only. **New graduates** do not need to complete this section (please mark n/a).

School Name and City	Grade/Subject
Dates Inclusive (mm/yy to mm/yy)	Immediate Supervisor
School Name and City	Grade/Subject
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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. **New graduates** may use original college placement papers or signatures. **Out-of-State applicants** with previous contracted teaching experience and employed within the last three years: two administrative recommendations must be from the last employing board, credentialed principals, or superintendents. The third person may be the applicant's choice. **Applicants new to teaching** or who have not been contracted in the past three years: 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

Part 5. NDCC 15.1-13-15 requires each person applying for a North Dakota teacher's license for the first time must subscribe to the oath of affirmation below. Please note this must be witnessed **or** notarized.

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of North Dakota, and I will faithfully discharge the duties of my position, according to the best of my ability.

Subscribed to me this _____ day of _____, 20____ in the city of _____
State of _____.

Signature of Applicant	Signature of Witness or Notary Public
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Remember to print and send the Record of Education form (SFN 58417) to ALL colleges/universities where you have obtained a bachelor's degree and beyond.

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

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