CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT
HEALTH EDUCATION

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
SFN 58245 (8-2006)

Educator's Professional License Number

or

Social Security Number (do not include dashes)

Name (Last, First, MI)		
Address		
City	State	Zip Code (9-digit)
Home Telephone Number	Work Telephone Number	Email Address

Two levels of content area endorsements are available to be added to existing North Dakota educational licensure. The Minor Equivalency (ME) 16 level requires a minimum of 16 semester hours (SH) of content-specific coursework beyond the introductory level. The ME 24 level requires a minimum of 24 SH of content-specific coursework beyond the introductory level including special methods of teaching in the content area and is considered equivalent to a full teaching minor. All coursework must be verified through official transcripts from a state-approved college of teacher education.

Health Education

ME 16 requirement not available **ME 24 requirement: minimum of 24 SH**	**Content Completed**	**# SH**	**Content Needed**	**# SH**
First Aid, CPR, and Safety				
Nutrition				
Exercise Physiology/Fitness				
Personal and Community Health				
Current Issues in Health Education				
Methods and Curriculum in School Health Education				
	Total SH		**Total SH**	

Please sign below and attach all transcripts along with the $75.00 minor equivalency review fee.

Signature of Applicant	Date
ESPB Reviewed By	Date
Executive Director, ESPB	Date

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.

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PAYMENT/CREDIT CARD INFORMATION

This documentation will be destroyed upon completion of processing.

Type of Payment ☐ Visa ☐ Mastercard ☐ Check	Amount $
Name as it Appears on Credit Card	
Credit Card Acount Number	Expiration Date

Please remember to sign form.

Print Form

Submit completed form to:

Education Standards and Practices Board
2718 Gateway Ave, Suite 303
Bismarck, ND 58503-0585
(701) 328-9641 Office
(701) 328-9647 Fax