



ENGLISH LANGUAGE LEARNER ENDORSEMENT (ELL)
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58309 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number		
Work Telephone Number		Email Address		
Home Telephone Number		M.I.		
Last Name	First Name	M.I.	Maiden Name	
Mailing Address		City	State	Zip (9 digit)

Prerequisite: Valid North Dakota educator's professional license with an early childhood, elementary, middle, or secondary major or endorsement.
Reeducation Plan: Work with an approved college of education to list the coursework in your educational plan and return a copy of the form to ESPB for approval.
Endorsement Request and Verification: Once you have finished the requirements, request this endorsement be added to your license by returning the completed form to ESPB along with your official transcripts and verification of experience.
Fees: If you wish to add the endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at the normal renewal time for your license.
Timeline: This endorsement must be completed within two years of assignment to teach English Language Learner (ELL). This timeline applies only to the completion of this endorsement and does not change your regular license renewal due date.

English Language Learner Program of Study

16 semester hours (SH) of college coursework in all of the following areas:

Coursework	Completed (SH)	Needed (SH)
Foundations: (4 SH)		
Multicultural education		
Foundations of second language instruction		
Linguistics (6 SH):		
Linguistics		
Psycholinguistics		
Sociolinguistics		
Methods of teaching English as a second language (2 SH)		
Assessment and testing of culturally diverse students (2 SH)		
	Total SH	Total SH
Field teaching experience in bilingual or English as a second language (2 SH)		

Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date

License Code 24000	Type of Equivalency 14	Level of Preparation 07
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective Date:

Submit completed form, transcripts, and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Ave Suite 303
 Bismarck ND 58503-0585
 (701) 328-9641 work
 (701) 328-9647 fax

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.



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