



GIFTED AND TALENTED ENDORSEMENT (GT)
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58894 (07-2008)

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

Prerequisite: Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education and one year of successful general education teaching documented with a letter from an administrator and documented supervision by a Gifted and Talented (GT) teacher.

Re-education Plan: None

Endorsement Request and Verification: Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.

Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at normal license renewal time.

Timeline: This endorsement must be completed prior to or within one calendar year of your first contracted employment as a GT teacher in North Dakota. The addition of this endorsement does not change your regular license renewal date.

Gifted and Talented Program of Study

9 semester hours (SH) of coursework at the graduate level from an approved teacher education program verified through official transcripts.

Coursework	Completed (SH)	Needed (SH)
Education of gifted students		
Gifted education curriculum		
	Total SH	Total SH
Gifted education practicum		
Administrator letter (see prerequisite above)		
GT supervisor name and documentation (see prerequisite above)		

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

License Code 19060	Type of Equivalency 23	Level of Preparation 07
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective Date:

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