



CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT – HIGH SCHOOL OF BUSINESS

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD

SFN 59614 (09-2010)

Date License Issued (ESPB use only)		Educator's Professional License Number													
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Last Name, First Name, MI		Maiden Name		OR Social Security Number (no dashes)											
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Address															
City		State		Zip Code (9-digit)		College Student ID									
Home Telephone Number		Work Telephone Number		Date of Birth		Email Address									
High School Graduated (Name)		High School Graduated (Year)		High School Graduated (City)		High School Graduated (State)									

All coursework must be verified through official transcripts from a state-approved college of teacher education. This endorsement can only be attached to a marketing education or business education license.

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High School of Business

Coursework	Completed (SH)	Needed (SH)
Total SH		Total SH

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

Date Completed	License Code	Level of Preparation
	High School of Business I – 04007	10
	High School of Business II – 04008	10

Submit signed and 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

This documentation will be destroyed upon completion of processing.

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