



**GIFTED AND TALENTED ENDORSEMENT**  
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 58894 (07-2010)

Educator's Professional License Number

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**or**

Social Security Number (do not use dashes)

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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

<b>Prerequisite:</b>	Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.
<b>Plan on file prerequisites:</b>	<ol style="list-style-type: none"> <li>1) Letter from your administrator requesting this endorsement, listing the name of your special education mentor.</li> <li>2) Transcript documenting three semester hours (SH) of special education coursework.</li> <li>3) Documentation of enrollment in an institution of higher education for two additional courses specific to gifted and talented special education regardless of how many hours already transcribed in special education.</li> </ol>
<b>Plan on file timeline:</b>	This endorsement must be completed within three years of assignment to teach gifted and talented special education. A transcript review will be done annually to document your progress toward completion of this endorsement.
<b>Fees:</b>	\$75 fee if adding this endorsement between license renewal periods. There is no additional fee to add this endorsement at license renewal time.

### Gifted and Talented Program of Study

17 semester hours of transcribed coursework at the graduate level from an approved teacher education program.		
<b>Coursework</b>	<b>Completed (SH)</b>	<b>Needed (SH)</b>
Children with exceptional learning needs		
Assessment		
Consultation and collaboration		
Characteristics/introduction of gifted and talented		
Methods and materials of gifted and talented		
2 SH practicum/internship in gifted and talented		
	<b>Total SH</b>	<b>Total SH</b>
Documentation of enrollment in coursework for two additional gifted and talented special education courses (see <b>Plan on file prerequisite 3</b> above)		
Administrator letter (see <b>Plan on file prerequisite 1</b> above)		
Name of Mentor (see <b>Plan on file prerequisite 1</b> above)		

<b>Signature of Applicant</b>	<b>Date</b>
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ESPB Review	Date
Executive Director, ESPB	Date

License Code <b>19060</b>	Type of Equivalency <b>23</b>	Level of Preparation <b>07</b>
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

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)