



REEDUCATION FOR MIDDLE SCHOOL PEDAGOGICAL ENDORSEMENT
SFN 50160 (05-17)

Name (Last, First, MI)		Maiden Name		Educator's Professional License Number							
Address				or							
City		State		Zip Code (9-digit)		Social Security Number (do not use dashes)					
Home Telephone Number		Work Telephone Number		Date of Birth		Email Address					
High School Attended		High School City Attended				State					

Prerequisite: Valid North Dakota educator's professional license. This endorsement is available on a voluntary basis to teachers licensed to teach elementary grades 1-8, secondary content areas 5-12, or to specialty areas licensed to teach grades K-12.
Fees: A fee of \$75 must be enclosed
Timeline: This endorsement can be added to your license prior to its completion. The requirements must be completed prior to or within two calendar years of your first contracted employment as a middle school teacher in North Dakota, and within two years of adding this endorsement. The addition of this endorsement does not change your regular license renewal date.

Middle School Pedagogy Program of Study

Middle school endorsement requires a minimum of 10 semester hours and field experience including all of the following content areas:		
Coursework	Completed (SH)	Needed (SH)
Development of young adolescents		
Philosophy and curriculum (foundations) of middle school education		
Teaching reading and other study/learning skills in the content areas		
Methods of strategies of teaching in the middle grades (2 SH minimum)		
	Total SH	Total SH
20 clock hours of field experience in a North Dakota approved middle school setting, or successful teaching experience in a North Dakota approved middle school setting (documented with a letter from the school principal)		
Signature of Applicant	Date	
ESPB Approval:	Date	

Submit completed form and \$75 fee to: Education Standards and Practices Board
2718 Gateway Ave, Suite 204
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. Failure to provide a social security number may delay the processing. 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			
<u>Credit Card Number</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<u>Expiration Date</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y	<u>3 digit CVV</u> <input type="text"/> <input type="text"/> <input type="text"/>
Billing Address of credit card (if different than the mailing address)			
Address: _____			
City _____ State _____ Zip Code _____			

This documentation will be destroyed upon completion of processing.