



KINDERGARTEN ENDORSEMENT

SFN 51946 (05-17)

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	

Educator's Professional License Number

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or

Social Security Number (do not use dashes)

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Prerequisite: Valid North Dakota Educator's professional license with an elementary education major or endorsement.
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 kindergarten teacher in North Dakota, and within two years of adding this endorsement. This timeline applies only to the completion of this endorsement and does not change your regular license renewal due date.

Kindergarten Program of Study

The **12 SH of coursework** must be specifically in early childhood/kindergarten education and verified through official transcripts. Coursework must be from an approved teacher education program. **Field Experience:** Either one full year (full-time or equivalent) of successful teaching experience in a North Dakota pre-kindergarten, kindergarten or grade one, or a minimum of 5 consecutive weeks of full-time student teaching at the kindergarten level. The experience requirement can be documented through official transcripts in the case of student teaching, or through an official letter from your employing school in the case of teaching experience.

Coursework	Completed (SH)	Needed (SH)
Foundations of early childhood		
Kindergarten or early childhood methods and material		
Early language and literacy		
Observation and assessment		
	Total SH 12	Total SH
Pre K, K, or Grade 1 experience or K student teaching		

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> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; margin-top: 5px;"> </div>	<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; margin-top: 5px;"> </div> <div style="text-align: center; margin-top: 5px;"> m m y y </div>	<u>3 digit CVV</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; margin-top: 5px;"> </div>	
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.