



ELEMENTARY ENDORSEMENT

SFN 51947 (05-17)

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

Prerequisite: Valid North Dakota Educator's professional license.
Reeducation Plan: Work with an approved college of education to complete this form. List the coursework in your educational plan and return a copy of the form to ESPB for approval.
Endorsement Request and Verification: Once you have finished the requirements, request the endorsement be added to your license by returning this form to ESPB along with your official transcripts and verification of experience.
Fees: A fee of \$75 must be enclosed
Timeline: This endorsement must be completed prior to your first contracted employment as an elementary teacher in North Dakota. This timeline applies only to the completion of the endorsement and does not change your regular license renewal due date.

Elementary Program of Study

ESPB will conduct a review of past coursework to develop a program of studies for completion of the elementary endorsement.

Coursework	Completed (SH)	Needed (SH)
Educational foundations		
Educational psychology		
Child development		
Teaching and learning theory		
Educational diagnosis and assessment		
Multicultural and Native American studies		
Educational technology		
Classroom and behavioral management		
Inclusive education		
Basic elementary methods courses: (12 SH Minimum)		
Reading		
Language Arts		
Math		
Science		
Social Studies		
Other elementary methods courses to complete a total of 32 SH		
	Total SH	Total SH
Supervised student teaching in regular classroom below grade 7 (5 weeks minimum)		
Praxis II 30522 Grades K-6 (cut score 162)	Test Score	
Praxis II 10011 Elementary 1-6 (cut score 158)	Test Score	
Signature of Applicant	Date	
ESPB Approval:	Date	

Submit completed form and \$75 fee to: Educational Standards and Practices Board 2718 Gateway Ave. Suite 204 Bismarck, ND 58503
 (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> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					<u>Expiration Date</u> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <div style="text-align: center; font-size: small;"> m m y y </div>					<u>3 digit CVV</u> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
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.