



INTERIM RECIPROCAL PLAN
SFN 53996 (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

Coursework Required

You will need to complete or document coursework in the following areas within the next 2 or 4 years:

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The Interim Reciprocal Plan is required for those applicants who have graduated from out-of-state education institutions but have not met North Dakota standards.

Date I will complete the requirements for the Interim Reciprocal License by:	
Applicant Signature	Date
ESPB Approval:	Date

Submit completed form and documentation to: Education Standards and Practices Board
2718 Gateway Avenue Suite 204
Bismarck ND 58503-0585
(701) 328-9641 office
(701) 328-9647 fax

Please remember to sign form.