

## **INTERIM RECIPROCAL PLAN**

SFN 53996 (05-17)

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

## **Coursework Required**

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

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.

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.