



**REEDUCATION FOR CAREER AND TECHNICAL BASIC SKILLS
EDUCATOR (CTBSE) ENDORSEMENT**
SFN 54054 (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

Endorsement Process: Rules of Licensure: NDAC 67.1-02-03-08

Prerequisite: Valid North Dakota Professional Educator's License with a major in Math or English.
Reeducation Plan: Work with Career Technical Education (CTE) Special Needs State Supervisor to develop and approve your educational plan as per below.
Fees: A fee of \$75 must be enclosed.
Timeline: Reeducation for the CTBSE endorsement must be completed within two years of assignment as a CTBSE. This timeline applies only to the completion of the endorsement and does not alter your regular license renewal due date.

Program of Study

ESPB will conduct a review of past coursework and recommend additional studies for completion of this endorsement.			
Content	Completed Course #	Need to Complete	Semester Hours
Philosophy and Practices of CTE Courses			
Vocational Assessment			
Career Development			
Competency based career and technical education			
Cooperative Education (Coordinating Techniques)			
Special Needs Teaching Methods			
Introduction to exceptional children, mental retardation, learning disabilities, emotional disturbance, etc.			
Working with at-risk students			
Behavior problems			
Remedial Math			
Remedial Reading			
Other courses or workshops approved by CTE Supervisor			
Signature of Applicant	Date		
Program approved by CTE Special Needs Supervisor	Date		
ESPB Approval:	Date		

Sign and submit completed form and fee to: Education Standards and Practices Board
 2718 Gateway Avenue 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> <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.