



**REEDUCATION FOR CAREER TECHNICAL TEACHER  
STUDENT MENTOR ENDORSEMENT**  
SFN 54056 (05-17)

Name (Last, First, MI)		Maiden Name		Educator's Professional License Number							
				or							
Address		Social Security Number (do not use dashes)									
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: 67.1-02-03-08**

**Prerequisite:** Valid North Dakota Educator's Professional License.  
**Reeducation Plan:** Work with CTE Special Needs Supervisor to approve the Teacher Student Mentor Endorsement.  
**Fees:** A fee of \$75 must be enclosed.  
**Timeline:** Reeducation for this endorsement must be completed when applying for your regular license renewal due date.

**Program of Study**

The additional course is met by meeting the North Dakota Professional Educator requirement.			
Content	Completed Coursework	Need to Complete	Semester Hours

<b>Signature of Applicant</b>	<b>Date</b>
Program approved by CTE Diversified Occupation 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 58503-0585  
 (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>	<u>Expiration Date</u>	<u>3 digit CVV</u>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y	<input type="text"/> <input type="text"/> <input type="text"/>	
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.