



**REEDUCATION FOR CAREER AND TECHNICAL
DIVERSIFIED OCCUPATIONS ENDORSEMENT**
SFN 54057 (05-17)

| | | | | | | | | | | | | | | | | | |
|------------------------|--|-----------------------|--|--|--|---------------|--|-------|--|--|--|--|--|--|--|--|--|
| Name (Last, First, MI) | | Maiden Name | | Educator's Professional License Number | | | | | | | | | | | | | |
| Address | | or | | | | | | | | 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: NDAC 67.1-02-03-08

Prerequisite: Valid North Dakota Educator's Professional License and:

- 1) License in one of the following content areas: Agriculture Education, Business and Office Technology, Family and Consumer Sciences, Health Careers, Information Technology, Marketing Education, Technology Education, and Trade, Industrial and Technical License; or
- 2) Career and Technical Resource Educator Endorsement; or
- 3) Master's Degree in Career and Technical Education.

Reeducation Plan: Work with CTE Diversified Occupation State Supervisor to develop and approve your educational plan below.
Fees: A fee of \$75 must be enclosed.
Timeline: This endorsement must be completed within two years of assignment to teach Diversified Occupations. This timeline applies only to the completion of the endorsement and does not alter your regular license renewal due date.

Program of Study

| Content | Completed Coursework | Need to Complete | Semester Hours |
|-------------------------|----------------------|------------------|----------------|
| Coordinating Techniques | | | |

| | |
|---|------|
| Signature of Applicant | Date |
| 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> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> </div> | <u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="text-align: center; font-size: small; margin-top: 2px;"> m m y y </div> | <u>3 digit CVV</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> </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.