



**CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT
 AGRICULTURAL EDUCATION**
 SFN 58238 (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

Please note the Minor Equivalency (ME) 16 is not available in this content area. The ME 24 level requires a minimum of 24 SH of content-specific coursework beyond the introductory level including special methods of teaching in the content area and is considered equivalent to a full teaching minor. All coursework must be verified through official transcripts from a state-approved college of teacher education.

The ME 24 will meet the minimum licensing requirement for North Dakota, but may not meet the minimum requirements for a state-funded Agricultural Education Program through the Department of Career and Technical Education (CTE). For more information call the State CTE Department at 701-328-3180.

Agricultural Education

ME 16 not available ME 24 is the minimum	Content Completed	# SH	Content Needed	# SH
Coursework in biological science and physical science is required to apply.				
Required: 24 SH beyond introductory level				
Ag Economics 3 SH				
Ag Systems Management 3 SH				
Animal Science/Vet Science 3 SH				
Plant/Soil Science 3 SH				
Ag Electives 3 SH				
Additional coursework to complete: at least 6 SH in Ag Leadership, Community Development, or Philosophy of CTE.				
Methods of Teaching Agriculture				
	Total SH		Total SH	

Please sign below and attach all transcripts along with the \$75.00 minor equivalency review fee.

Signature of Applicant:	Date
ESPB Approval::	Date

Submit completed form and fee to: Education Standards and Practices Board 2718 Gateway Ave. 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> <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"/>		<u>Expiration Date</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y	<u>3 digit CVV</u> <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.