



**CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT –  
HEALTH EDUCATION**  
SFN 58245 (05-17)

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

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 transcripts from an approved college of teacher education.

**Health Education**

	Content Completed:	# SH	Content Needed:	# SH
<b>ME 16 requirement not available</b>				
<b>ME 24 requirement: minimum of 24 SH</b>				
First Aid, CPR, and Safety				
Nutrition				
Exercise Physiology/Fitness				
Personal and Community Health				
Current Issues in Health Education				
Methods and Curriculum in School Health Education				
	<b>Total SH</b>		<b>Total SH</b>	

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

Applicant:	Date
ESPB Approval:	Date

**Submit form and fee to:** Educational 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. 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

<b>Type of Payment</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check			<b>Amount</b> \$ _____
Name as it appears on credit card _____			
<u><b>Credit Card Number</b></u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 20px; width: 100%; margin-top: 5px;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	<u><b>Expiration Date</b></u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 20px; width: 100%; margin-top: 5px;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div> <div style="text-align: center; margin-top: 5px;"> <span style="margin: 0 5px;">m</span> <span style="margin: 0 5px;">m</span> <span style="margin: 0 5px;">y</span> <span style="margin: 0 5px;">y</span> </div>	<u><b>3 digit CVV</b></u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 20px; width: 100%; margin-top: 5px;"> <span style="width: 33%;"></span> <span style="width: 33%;"></span> <span style="width: 33%;"></span> </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.