



**CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT –  
LIBRARY AND INFORMATION SCIENCE EDUCATION**  
SFN 58247 (05-17)

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

Educator's Professional License Number

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**or**

Social Security Number (do not use dashes)

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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.

**Library and Information Science Education**

**ME 16 not available – Library Credential available through the Department of Public Instruction (DPI).**

**ME 24 requirement: minimum of 24 SH**

	Content Completed:	# SH	Content Needed:	# SH
Introduction to Library Science/Information Science				
Cataloguing and Classification				
Media Collection Development				
Reference Sources and Services				
Library Media Center Administration				
Educational Technology				
Library Practicum				
	<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:** 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. 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="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> <span>m</span> <span>m</span> <span>y</span> <span>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.