



PHYSICAL EDUCATION MINOR EQUIVALENCY ENDORSEMENT
SFN 58252 (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

Re-education Plan: Two levels of content area endorsements are available to be added to existing licensure. The ME 16 requires a minimum of 16 SH of content-specific coursework. The ME 24 level requires 24 SH including special methods of teaching in the content area and is considered equivalent to a full teaching minor. The ME 16 is issued for a maximum of five years and is not renewable. Individuals who wish to continue to be endorsed must obtain the remaining requirements within five years. All coursework must be verified through transcripts from an approved college of teacher education.

Endorsement Request and Verification: Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your transcripts.

Fees: \$75

Timeline: All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your license renewal date.

Physical Education Minor Equivalency Program of Study

ME 16 requirement: minimum of 16 SH of content-specific coursework beyond the introductory level.				
Coursework	Completed	(SH)	Needed	(SH)
Organization and Administration of PE & Health				
First Aid and CPR				
Prevention and Care of Athletic Injuries				
Health Issues				
Physiology of Exercise				
Additional Courses:				
ME 24				
Foundations/Curriculum of PE				
Human Physiology or Anatomy				
PE of Exceptional Children				
Dance				
Methods of PE				
	Total SH		Total SH	
			Test Score	

Applicant:	Date
ESPB Approval:	Date

Submit completed form and \$75 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. 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; height: 25px; width: 100%; margin-top: 5px;"> </div>		<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%; margin-top: 5px;"> </div> <div style="text-align: center; margin-top: 5px;"> m m y y </div>	<u>3 digit CVV</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%; margin-top: 5px;"> </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.