



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

Prerequisite: Valid North Dakota Educator's professional license.
Re-education Plan: All coursework must be verified through transcripts from an approved college of teacher education. To be qualified to teach at the secondary level, you must also pass the Praxis II test.
Endorsement Request and Verification: Once the requirements have been completed, request this endorsement be added to your license by returning this form to ESPB along with your I transcripts and verification of experience.
Fees: \$75
Timeline: All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your regular license renewal date.

Composite Science Minor Equivalency Program of Study

ME 24 requirement: minimum of 24 SH of content-specific coursework beyond the introductory level.

Coursework	Completed	(SH)	Needed	(SH)
8 SH Biology beyond first year courses including labs				
8 SH Chemistry beyond first year courses including labs				
8 SH Physics beyond first year courses including labs				
8 SH Earth Science beyond first year courses including labs				
Methods of Teaching Science				
	Total SH		Total SH	
To be qualified at the high school level you must complete the Composite Science Praxis II Test	Test Score			

Applicant:	Date
ESPB Approval:	Date

Submit completed form and \$75 fee to: Education Standards & Practices Board
 2718 Gateway Ave, 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; padding: 2px;"> </div>	<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-around; padding: 2px;"> </div> <div style="display: flex; justify-content: space-around; 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-around; 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.