

## CHEMISTRY MINOR EQUIVALENCY ENDORSEMENT

SFN 58255 (05-17)

			Educator's Professional License Number									
Name (Last, First, MI)			Name	or								
					Social Security Number (do not use dashes)							
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 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 regular license renewal date.

## **Chemistry Minor Equivalency Program of Study**

Coursework	Completed	(SH)	Needed	(SH)
General chemistry I with labs				
General chemistry II with labs				
Organic chemistry I with labs				
Organic chemistry II with labs				
Analytic chemistry				
Methods of teaching science				
	Total SH		Total SH	
To be qualified at the high school level you must complete the Chemistry Praxis II Test	Test Score	est 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				Amount					
□ Visa	☐ MasterCard	☐ Check		\$					
Name as it appears	s on credit card								
Credit Card Number	<u> </u>		Expiration Date	3 digit CVV					
			m m y y						
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.