



**POLITICAL SCIENCE MINOR EQUIVALENCY ENDORSEMENT**  
 SFN 58262 (05-17)

Name (Last, First, MI)		Maiden Name		Educator's Professional License Number			
				or			
Address				Social Security Number (do not use dashes)			
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 official transcripts from a state-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 official 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.

**Political Science Minor Equivalency Program of Study**

<b>ME 16 requirement: minimum of 16 SH</b> of content-specific coursework beyond the introductory level.			
<b>Coursework</b>	<b>Completed</b>	<b>(SH)</b>	<b>Needed (SH)</b>
American Government			
Political Thought			
International/global Politics			
Methods of teaching social science			
	<b>Total SH</b>		<b>Total SH</b>
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

<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>Credit Card Number</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%;"></div>	<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%;"></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>3 digit CVV</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%;"></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.