

## CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT – VOCATIONAL MARKETING/DISTRIBUTIVE EDUCATION

SFN 58266 (05-17)

					Edu	ıcatoı	r's Pro	fessio	nal Lic	ense	Numbe	er	
At any disease Classic Mails		Ma:don	N1										
Name (Last, First, MI)		Maiden Name			<b>Or</b> Social Security Number (do not use dashes)								
Address					So	cial S	ecurity	/ Num	ber (d	o not u	ise da:	shes)	
City		State	Zip Code (	(Q-digit)									
Oity		State	Zip Code (	(9-digit)									
Home Telephone Number	Work Telephone Numb	per	Date of Bi	rth	Email Address								
High School Attended	gh School Attended					State							
o a full teaching minor. All coursework for a maximum period of five years a must obtain the remaining requirement.  Vocat	and is not renewable. Îr	ndividual E 24 level	s who wish I. Please not	to continue the ME 16	e to be	<b>endo</b> availa	orsed able in	in the some	area conte	after t	the fiv	el is is e-yeai	isue
ME 16 requirement: minimu	ım of 16 SH			Conte Comple			# S	н	Con Need			# SI	<u> </u>
Sales Promotion													
Management													
ME 24 requirement: minimu	ım of 24 SH												
Marketing													
Retailing or Management													
Student Organizations (Profess													
Methods of Teaching Marketing Education and/or Business Education													
Philosophy of Career and Technica	al Education (Vocational	Educatio	on)										
Coordinating Techniques  9 credits in any of these related	d areas:												
Accounting	a arcas.												
Advertising													
Business													
Business Technology													
Economics													
Finance													
Promotion													
Selling				Tot	al SH				Tot	al SH	<u> </u>		
Please sign below	w and attach all trans	scripts a	long with t			r eau	ıivale	ncv					
Applicant:		u				Da							
1						Da	ıe						

Please submit form and fee to: Education Sta

Education Standards and Practices Board 2718 Gateway Ave. Suite 204 Bismarck, ND 58503 (701) 328-9641 office (701) 328-9647 fax



## **Payment/Credit Card Information**

Type of Payment ☐ Visa		MasterCard	□ Check		Amount \$				
Name as it appears	on	credit card		,					
Credit Card Number	•			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.