



EARLY CHILDHOOD ENDORSEMENT (BIRTH TO GRADE 3)
SFN 58277 (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

Prerequisite: Valid North Dakota educator's professional license.
Fees: A fee of \$75 must be enclosed
Timeline: This endorsement must be completed prior to your first contracted employment as an early childhood teacher in North Dakota..

Early Childhood Program of Study

Coursework:	Completed (SH)	Needed (SH)
32 SH in early childhood education from an approved early childhood teacher education program		
Child development and learning (6 SH) (foundations)		
Building family and community relations (3 SH)		
Observation and assessment (3 SH)		
Teaching and learning (18 SH) in the following:		
Methods of math		
Methods of science		
Methods of social studies		
Methods of reading		
Methods of language arts		
Methods of early language literacy		
Methods of play		
Administration and leadership in ECE (3 SH)		
Professional education (22 SH) in the following:		
Education foundations		
Educational psychology		
Teaching and learning theory		
Educational diagnosis and assessment		
Inclusive education		
Educational technology		
Classroom and behavioral management		
Multicultural/Native American studies specific to teaching		
	Total SH	Total SH

Field experience must include three supervised field experiences and two student teaching experiences for a minimum of 10 weeks (5 weeks student teaching for applicants with an existing teaching license). One student teaching experience must be in an accredited prekindergarten or kindergarten setting and the other in grades 1, 2, or 3, and include the opportunity to work with children with special needs.

Early Childhood Praxis II Test	Test Score
Signature of Applicant	Date
ESPB Approval:	Date

Submit completed form and \$75 fee to: Education Standards and Practices Board 2718 Gateway Ave Suite 204 Bismarck, ND 58503
 (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. Failure to provide a social security number may delay the processing. 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; margin-top: 5px;"> </div>	<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; 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; 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.