



**CONTENT AREA MINOR EQUIVALENCY ENDORSEMENT –
NATIVE AMERICAN LANGUAGE EDUCATION**
SFN 58302 (05-17)

Name (Last, First, MI)		Maiden Name		Educator's Professional License Number							
Address				<div style="text-align: center;">or</div> 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							

North Dakota Century Code (NDCC) 15.1-13-22. Licensure of North Dakota American Indian Language Instructors. The board may license an individual as an instructor of North Dakota American Indian languages and culture if the individual is recommended for licensure to teach North Dakota native language by an indigenous language board created by a tribal government in this state and if the individual:

- 1) Displays competence in North Dakota American Indian languages and culture and has successfully completed a three semester hour course in classroom instruction at a tribal college or other institution of higher education; or
- 2) Holds a baccalaureate degree and has knowledge of and experience in North Dakota American Indian languages and culture.

Native American Language Education

<input type="checkbox"/> Does not hold a North Dakota Educator's Professional License		
<input type="checkbox"/> Holds a North Dakota Educator's Professional License #		
	Completed:	Needed:
Signatures of Tribal Language Board recommending the candidate be an American Indian language instructor. (Documented with a letter from the Tribal Language Board).		
Successfully completed a 3 SH course in Classroom Instruction at a tribal college or other institution of higher education.		

Please sign below and attach all transcripts along with the \$75.00 minor equivalency review fee.

Applicant:	Date
ESPB Approval:	Date

Please submit form and 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.
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-between; 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-between; 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.