



**ENGLISH LANGUAGE LEARNER ENDORSEMENT (ELL)**  
SFN 58309 (05-17)

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

Educator's Professional License Number

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**or**

Social Security Number (do not use dashes)

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**Prerequisite:** Valid North Dakota educator's professional license with an early childhood, elementary, middle, or secondary major or endorsement.  
**Fees:** A fee of \$75 must be enclosed..  
**Timeline:** This endorsement can be added to your license prior to its completion. The requirements must be completed within two years of assignment to teach English Language Learner (ELL), and within two years of adding this endorsement to your license. This timeline applies only to the completion of this endorsement and does not change your regular license renewal due date.

**English Language Learner Program of Study**

16 semester hours (SH) of college coursework in all of the following areas:		
<b>Coursework</b>	<b>Completed (SH)</b>	<b>Needed (SH)</b>
Foundations: (4 SH)		
Multicultural education		
Foundations of second language instruction		
Linguistics (6 SH):		
Linguistics		
Psycholinguistics		
Sociolinguistics		
Methods of teaching English as a second language (2 SH)		
Assessment and testing of culturally diverse students (2 SH)		
	<b>Total SH</b>	<b>Total SH</b>
Field teaching experience in bilingual or English as a second language (2 SH)		
<b>Signature of Applicant</b>	<b>Date</b>	
ESPB Approval:	Date	

Submit completed form, transcripts, and \$75 fee to:

Education Standards and Practices Board  
 2718 Gateway Ave Suite 204  
 Bismarck ND 58503-0585  
 (701) 328-9641 work  
 (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

<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><b>Credit Card Number</b></u> <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <span style="width: 20px; height: 20px;"></span> </div>	<u><b>Expiration Date</b></u> <div style="border: 1px solid black; display: flex; justify-content: space-around; padding: 2px;"> <span style="width: 20px; height: 20px;"></span> </div> <div style="text-align: center; font-size: small; margin-top: 2px;"> <span style="margin-right: 10px;">m</span> <span style="margin-right: 10px;">m</span> <span style="margin-right: 10px;">y</span> <span>y</span> </div>	<u><b>3 digit CVV</b></u> <div style="border: 1px solid black; display: flex; justify-content: space-around; padding: 2px;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </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.