



ENGLISH LEARNER ENDORSEMENT (EL)
SFN 58309 (10-20)

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 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 Learner (EL), 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 Learner Program of Study

16 semester hours (SH) of college coursework in all of the following areas:		
Coursework	Completed (SH)	Needed (SH)
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)		
	Total SH	Total SH
Field teaching experience in bilingual or English as a second language (2 SH)		

Signature of Applicant	Date
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

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> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<u>Expiration Date</u> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m m y y	<u>3 digit CVV</u> <input type="text"/> <input type="text"/> <input type="text"/>
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.