



EMOTIONAL DISTURBANCE SPECIAL EDUCATION ENDORSEMENT

SFN 58893 (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 in early childhood, elementary, middle, or secondary education.
Plan on File Prerequisites:	<ol style="list-style-type: none"> 1) Letter from your administrator requesting this endorsement along with the name of your special education mentor. 2) Transcript documenting three semester hours (SH) of special education coursework. 3) Documentation of enrollment in an institution of higher education for two additional courses specific to emotional disturbance, regardless of how many hours already transcribed in special education.
Plan on File Timeline:	This endorsement must be completed within three years of assignment to teach emotional disturbance special education. A transcript review will be done annually to document your progress toward completion of this endorsement.
Fees:	\$75

Emotional Disturbance Program of Study

24 SH of transcribed core coursework primarily at the graduate level from an approved teacher education program.				
Coursework	Completed	SH	Needed	SH
Exceptional children and youth				
Assessment of students with disabilities				
Behavior management of students with disabilities				
Legal aspects of special education				
Consultation and collaboration				
Characteristics/introduction of emotional disturbance				
Methods and materials of emotional disturbance				
Transition				
Inclusive settings				
Assistive technology				
Secondary only: elementary reading methods				
Secondary only: elementary math methods				
2 SH practicum/internship in emotional disturbance				
	Total SH		Total SH	
Documentation of enrollment in coursework for two additional emotional disturbance special education courses (see Plan on File Prerequisite 3 above)				
Administrator letter (see Plan on File Prerequisite 1 above)				
Name of Mentor (see Plan on File Prerequisite 1 above)				

Signature of Applicant	Date
ESPB Approval:	Date

Submit form and fee to: Education Standards and Practices Board
 2718 Gateway Avenue Suite 204
 Bismarck ND 58503
 (701) 328-9641 office
 (701) 328-9647 fax



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; width: 100%; margin-top: 5px;"> </div>		<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; width: 100%; 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; width: 100%; 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.