

GIFTED AND TALENTED ENDORSEMENT

SFN 58894 (02-22)

V	Educator's Professional License Number									
Name (Last, First, MI)		Maiden Name		or						
				Soci	al Security	/ Number (do not u	use da	shes)	
Address										
City		State	Zip Code (9-digit)							•
Home Telephone Number	Work Telephone Num	ber	Date of Birth	Email Address						
High School Attended		High	School City Attended	ended		Stat	State			
Prerequisite:	Valid North Dakota	educator's	s professional license	in early ch	hildhood.	elementar	. midd	le. or	secon	darv
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Plan on file prerequisites:	1) Letter from your administrator requesting this endorsement, listing the name of your gifted and talented mentor.									
			three semester hours (
	 Documentation gifted and tale 		Iment in an institution o cation.	higher ed	lucation fo	or two addit	ional co	ourses	speci	fic to
Plan on file timeline:	This endorsement must be completed within three years of assignment to teach gifted and talented. A									
Fees:	transcript review will t \$80	be done a	nnually to document yo	ur progress	s toward c	ompletion	of this e	ndorse	ement.	
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Gifted and Talented Program of Study

17 semester hours of transcripted coursework at the graduate level from an approved teacher education program.				
Coursework	Completed (SH)	Needed (SH)		
Children with exceptional learning needs				
Assessment of gifted and talented				
Consultation and collaboration				
Characteristics/introduction of gifted and talented				
Methods and materials of gifted and talented				
2 SH practicum/internship in gifted and talented				
	Total SH	Total SH		
Documentation of enrollment in coursework for two additional gifted and talented 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 completed form and \$80 fee to: Education Standards and Practices Board

2718 Gateway Ave, Suite 204 Bismarck ND 58503-0585 (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. 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 c 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 □ Visa	□ MasterCard	□ Check		Amount \$			
Name as it appears	s on credit card		I				
Credit Card Number	<u>r</u>		Expiration Date	<u>3 digit CVV</u>			
			m m y y				
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.