



GIFTED AND TALENTED ENDORSEMENT
SFN 58894 (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, listing 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 gifted and talented special education 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 gifted and talented special education. A transcript review will be done annually to document your progress toward completion of this endorsement.
Fees:	\$75

Gifted and Talented Program of Study

17 semester hours of transcribed 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 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 completed form and \$75 fee to: Education Standards and Practices Board
2718 Gateway Ave, Suite 204
Bismarck ND 58503-0585
(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> _____ _____	<u>Expiration Date</u> _____ m m y y	<u>3 digit CVV</u> _____ _____	
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.