



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 deaf and hard of hearing 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 deaf and hard of hearing special education. A transcript review will be done annually to document your progress toward completion of this endorsement.
Fees:	\$75.

Hearing Impaired Program of Study

28 SH of core transcribed coursework at the undergraduate or 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		
Assessment of deaf and hard of hearing students		
Transition		
Methods of teaching speech to deaf and hard of hearing children		
Methods of teaching language to deaf and hard of hearing children		
Methods of teaching reading and academic subjects to deaf and hard of hearing children		
Characteristics of deaf and hard of hearing students		
Audiology		
Oral rehabilitation		
Sign language		
2 SH practicum/internship in hearing impaired for children from birth to twenty one	Total SH	Total SH
Documentation of enrollment in coursework for two additional deaf and hard of hearing 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																																	
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Address: _____																																	
City _____ State _____ Zip Code _____																																	

This documentation will be destroyed upon completion of processing.