



READING MINOR EQUIVALENCY ENDORSEMENT
SFN 58904 (02-21)

Name (Last, First, MI)		Maiden Name		Educator's Professional License Number			
				or			
Address				Social Security Number (do not use dashes)			
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.
Re-education Plan: All coursework must be verified through transcripts from an approved teacher education program for state licensure of educators.
Endorsement Request and Verification: Once the requirements have been completed, request this endorsement be added to your license by applying online.
Fees: \$80
Timeline: All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your regular license renewal date.

Reading Minor Equivalency Program of Study

ME 16 requirement: minimum of 16 SH of content-specific coursework beyond the introductory level.				
Coursework	Completed	(SH)	Needed	(SH)
Methods of reading:				
	Total SH		Total SH	

Applicant Signature:	Date
ESPB Approval:	Date

Submit completed form and \$80 fee to: Education Standards & 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. 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. 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> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; margin-top: 5px;"> </div>	<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 25px; margin-top: 5px;"> </div> <div style="display: flex; justify-content: space-around; font-size: small; 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; 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.