



SPEECH MINOR EQUIVALENCY ENDORSEMENT
SFN 58905 (05-17)

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	

Educator's Professional License Number

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or

Social Security Number (do not use dashes)

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Prerequisite: Valid North Dakota educator's professional license.
Endorsement Request and Verification: All coursework must be verified through official transcripts from an approved college/university of teacher education. Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.
Fees: \$75
Timeline: All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your license renewal date.

Speech 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 Speech				
	Total SH		Total SH	

Applicant:	Date
ESPB Approval:	Date

Submit completed form and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Avenue, 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; 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.