



STEM ENDORSEMENT

SFN 59877 (05-17)

Educator's Professional License Number

Date License Issued (ESPB use only)										
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or Social Security Number (no dashes)

Last Name, First Name, MI	Maiden Name								
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Address									
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City	State	Zip Code (9-digit)	College Student ID
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Home Telephone Number	Work Telephone Number	Date of Birth	Email Address
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High School Graduated (Name)	High School Graduated (Year)	High School Graduated (City)	High School Graduated (State)
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Prerequisite:	Valid North Dakota Educator's Professional License.
Re-education Plan:	Work with an approved college of education to complete this form. List the coursework in your educational plan and return a copy of the form to ESPB for approval.
Timeline:	This endorsement must be completed prior to your first contracted employment as a STEM teacher in North Dakota. This timeline does not change your regular license renewal due date.
Fee:	Please enclose \$75 fee.

STEM Program of Study

The **12 SH of coursework** must be specifically in STEM education and verified through official transcripts. Coursework must be from an approved teacher education program. **Field Experience** The experience requirement must be documented through an official transcript and/or letter documenting the STEM business/industry and STEM classroom experiences.

Coursework	Completed (SH)	Needed (SH)
STEM Philosophy (Trans-disciplinary coursework in science, technology, engineering, and mathematics). Must include all four areas.		
STEM Curriculum (Trans-disciplinary approach to teaching science, technology, engineering, and mathematics). Must include all four areas.		
STEM Methods (Seamless integration of content and context of all four areas).		
STEM Strategies (Including but not limited to First LEGO League, First Tech Challenge, etc.)		
STEM Field Experiences (Business/Industry and School Based) two days.		
	Total SH	Total SH

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

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.