



## CONFIRMATION OF OTHER STATE EDUCATOR LICENSE

SFN 59945 (01-26)

### Part 1 – To be completed by the Applicant.

Social Security Number (no dashes)

Complete this section then send this form to the licensure agency where you currently hold a valid teaching license.

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Last Name, First Name, MI			Maiden Name		
Address					
City			State	Zip Code	
Home Telephone Number	Work Telephone Number	Date of Birth	Email Address		

### Part 2 – To be completed by the State Licensing/Certification Agency. Email completed form to [espbinfo@nd.gov](mailto:espbinfo@nd.gov)

Initial license issue date:		Current license expiration date:																
<b>License Obtained Through:</b> <input type="checkbox"/> Traditional Education Program <input type="checkbox"/> Reciprocity with Other State University <input type="checkbox"/> Previous Testing Completed Outside the US (please attach a copy of score report) <input type="checkbox"/> State Approved Alternative Program <input type="checkbox"/> Certification-only Program																		
<b>Preparation Type/Degree:</b> <table border="0"><tr><td><input type="checkbox"/> Early Childhood</td><td><input type="checkbox"/> Elementary</td><td><input type="checkbox"/> Middle Sch.</td><td><input type="checkbox"/> Secondary</td><td><input type="checkbox"/> K-12</td></tr><tr><td><input type="checkbox"/> EC SPED</td><td><input type="checkbox"/> K-12 SPED</td><td><input type="checkbox"/> Categorical SPED</td><td><input type="checkbox"/> CTE</td><td><input type="checkbox"/> SLP</td></tr><tr><td><input type="checkbox"/> Principal</td><td><input type="checkbox"/> Sch. Counselor</td><td><input type="checkbox"/> Sch. Psychologist</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>				<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle Sch.	<input type="checkbox"/> Secondary	<input type="checkbox"/> K-12	<input type="checkbox"/> EC SPED	<input type="checkbox"/> K-12 SPED	<input type="checkbox"/> Categorical SPED	<input type="checkbox"/> CTE	<input type="checkbox"/> SLP	<input type="checkbox"/> Principal	<input type="checkbox"/> Sch. Counselor	<input type="checkbox"/> Sch. Psychologist	<input type="checkbox"/> Other:	
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Basic Skills Test:	Reading Score:	Writing Score:	Math Score:															
Specific Content Test:		Test Code:	Test Score:															
Specific Content Test:		Test Code:	Test Score:															
Pedagogical Test:		Test Code:	Test Score:															
<b>Does the license holder have any deficiencies?</b>																		
<b>Are there any prior or pending disciplinary actions against the license holder?</b>																		

I have reviewed the information and certify that the person named in Part 1 has received an educator's license from the State of \_\_\_\_\_.

Name of State Agency	Name and Title of Authorized Official
Email Address	Telephone (include area code)
Signature of Authorized Official	Date

Save the completed form as a PDF and Email to: [espbinfo@nd.gov](mailto:espbinfo@nd.gov)

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.