



CONFIRMATION OF OTHER STATE EDUCATOR LICENSE
SFN 59945 (05-17)

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 (9-digit)	
Home Telephone Number	Work Telephone Number	Date of Birth	Email Address		
Applicant's Transcribed Content Area Degree			Date Conferred		
Additional Transcribed Content Area Degree (if applicable)			Date Conferred		

Part 2 – To be completed by the State Licensing/Certification Agency.

<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School	<input type="checkbox"/> Secondary	<input type="checkbox"/> K-12 Specialty
Basic Skills Test:	Reading Score:	Writing Score:	Math Score:
Specific Content Test:		Test Code:	Test Score:
Specific Content Test:		Test Code:	Test Score:
Initial license issue date:		Current license expiration date:	

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	Affix Official Seal
Email Address	Telephone (include area code)	
Signature of Authorized Official	Date	

Submit completed form 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.