

MINOR EQUIVALENCY ENDORSEMENT – SPECIAL EDUCATION

EDUCATION STANDARDS AND PRACTICES BOARD SFN 62432 (12-2023)

					Educator's Professional License Number							
Name (Last, First, MI)		Maiden Name		or								
				Social Security Number (do not use dashes)								
Address												
City		State	Zip Code (9-digit)									
Home Telephone Number	Work Telephone Numbe	er	Date of Birth	Email Address								
High School Attended		High	School City Attended						State	9		

Two levels of content area endorsements are available to be added to existing North Dakota educational licensure. The Minor Equivalency (ME) 16 level requires a minimum of 16 semester hours (SH) of content-specific coursework beyond the introductory level. The ME 24 level requires a minimum of 24 SH of content-specific coursework beyond the introductory level including special methods of teaching in the content area and is considered equivalent to a full teaching minor. All coursework must be verified through transcripts from an approved college. The ME 16 level is issued for a maximum period of five years and is not renewable. Individuals who wish to continue to be endorsed in the area after the five-year limit must obtain the remaining requirements to complete the ME 24 level. Please note the ME 16 is not available in some content areas.

Special Education						
ME 16 requirement: minimum of 16 SH	Content Completed:	# SH	Content Needed:	# SH		
Special Education Law						
Special Education Assessment						
Special Education Methods and Strategies						
Consultation/Collaboration						
ME 24 requirement: minimum of 24 SH			1			
Special Education Law						
Special Education Assessment						
Special Education Methods/Strategies						
Consultation/Collaboration						
Completion of Special Education Practicum						
	Total SH		Total SH			
Please sign below and attach all transcripts alo	ng with the \$80.00 minor equiv	alency r	eview fee.			
Signature of Applicant	Dat	e				

Signature of Applicant	Date
ESPB Approval	Date

Please submit form and fee to: Education Standards and Practices Board 2718 Gateway Ave. Suite 204 Bismarck, ND 58503 (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 □ Visa	□ MasterCard	Check		Amount \$				
Name as it appears	s on credit card							
Credit Card Number	<u>r</u>		Expiration Date	3 digit CVV				
			m m y y					
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.