



**APPLICATION FOR NORTH DAKOTA EDUCATOR'S PROFESSIONAL LICENSE**  
 EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 9019 (01/2024)

ND Educator's Professional License Number

Social Security Number (no dashes)

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**or**

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Last Name, First Name, Middle Name				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 Graduated (Year)		High School Graduated (City)		High School Graduated (State)	

- 1) Check the appropriate type of license and application fee.
- 2) Submit check, money order, or credit card payable to ESPB. If using credit card, complete the payment page.
- 3) Complete **entire** application form.
- 4) Send Record of Education form (SFN 58417) to **each** college/university where you have obtained **education** degree(s) (not required if applying for the Other State Educator License).
- 5) Submit official transcripts from **each** college/university where you have earned a teacher education degree. If your degree was completed outside of the US, submit an official degree and course-by-course evaluation from a NACES member agency ([www.naces.org/members](http://www.naces.org/members))
- 6) Go to [www.nd.gov/esp/Forms/Licensure](http://www.nd.gov/esp/Forms/Licensure), print Fingerprinting Instructions and complete for background check.
- 7) Submit copy of test scores, if applicable.

**North Dakota Graduates**

<input type="checkbox"/> \$30	Application fee – nonrefundable (required for all first-time applicants).	<b>and</b>	<input type="checkbox"/> \$85	Initial License - two year.
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**Out of State Graduates**

<input type="checkbox"/> \$30	Application fee – nonrefundable (required for all first-time applicants).	<b>and</b>		
<input type="checkbox"/> \$85	Other State Educator License – two year. For applicants that have held a valid out of state license less than 18 months. Send Confirmation of Other State Educator License form (SFN 59945) to the state agency where you currently hold a valid teaching license.			
<input type="checkbox"/> \$190	Other State Educator License – five year. For applicants that have held a valid out of state license more than 18 months. Send Confirmation of Other State Educator License form (SFN 59945) to the state agency where you currently hold a valid teaching license.			
<input type="checkbox"/> \$85	Out-of-State Reciprocal License - two year, renewable once. For applicants that do not hold a valid out of state license			
<input type="checkbox"/> \$175	<b>and</b> Out-of-State Transcript Analysis - nonrefundable. For applicants that do not hold a valid out of state license.			

**Other**

<input type="checkbox"/> \$165	Alternative Access License - One year. Submit a letter from your administrator requesting this license.
<input type="checkbox"/> \$165	School Psychologist Interim License – One year. Submit a letter from your administrator requesting this license.
<input type="checkbox"/> \$95	Interim Substitute License - Two years.
<input type="checkbox"/> \$155	Teaching Permit – One Year. Submit a letter from your administrator requesting this license.
<input type="checkbox"/> \$65	40-day Provisional License. Submit your letter and your administrator's letter requesting this license. If your degree has not been posted yet, mail or scan and email your unofficial transcript along with a letter from your registrar stating you have completed your teacher education program (including student teaching).

**Part 1. Must be completed by all applicants.** Please check “yes” or “no” for each question.

1	Are you legally eligible to work in the United States? You must have a valid United States Social Security number to be eligible for a North Dakota license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Are you able to provide documentation of your eligibility to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Were you ever arrested, charged, or convicted of a misdemeanor or felony other than minor traffic offenses? If <b>yes</b> , attach your signed and dated letter of explanation and submit copies of the court records.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you ever been dismissed (fired) from any teaching job, resigned at the request of your employer, or while charges against you or an investigation of your behavior were pending? You must answer “yes” even if the matter was later resolved with any form of settlement or severance agreement regardless of its terms. If <b>yes</b> , attach your signed and dated letter of explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Are you presently being investigated by your current or any previous employer or by any licensing, certification, or other regulatory body for any alleged misconduct or other alleged grounds for discipline? If <b>yes</b> , attach your signed and dated letter of explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Have you ever had a license denied, suspended, or revoked in any state, or have you in any way been sanctioned by a licensing, certification, or other regulatory agency or body? If <b>yes</b> , attach your signed and dated letter of explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	If you graduated in teacher education after September 1, 1980, have you completed a course in Native American studies and Multicultural education? If you graduated prior to September 1, 1980, mark “n/a”.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part 2. Competencies**

**Mental Health Competency**

Can you demonstrate competencies in youth mental health? (Example: Coursework, trauma or suicide prevention training, district professional development, or other training related to youth mental health.)

Yes  No

If ‘Yes’, describe the mental health competency training you have received.

**Reading Competency**

**If you are an elementary education, early childhood education, or special education teacher**, can you demonstrate competencies in beginning reading instruction based on scientifically and research-based curricula which focuses on phonemic awareness, phonetics, fluency, vocabulary, comprehension, how to assess student reading ability, how to identify and correct reading difficulties, and the use of systematic direct instruction to ensure all students obtain necessary early reading skills? A candidate who does not meet the competencies has up to two years to complete. (Example: Standardized reading competency exam not including basic skills or Core reading. Specific reading coursework or other reading training may qualify.) **If you are licensed K-12 or 5-12, please mark N/A.**

Yes  No  N/A

If ‘Yes’, please list the courses or the test you completed that met the above reading competency.

**Part 3.** List your current and last two places of contracted education employment. **Substitute** teachers please mark substitute. **New graduates** please mark n/a.

K-12 School Name, City, and State	Grade/Subject	Dates inclusive (mm/yy to mm/yy):
Immediate Supervisor	Contracted <input type="checkbox"/> Substitute <input type="checkbox"/> N/A <input type="checkbox"/>	Years of employment:
K-12 School Name, City, and State	Grade/Subject	Dates inclusive (mm/yy to mm/yy):
Immediate Supervisor	Contracted <input type="checkbox"/> Substitute <input type="checkbox"/> N/A <input type="checkbox"/>	Years of employment:
K-12 School Name, City, and State	Grade/Subject	Dates inclusive (mm/yy to mm/yy):
Immediate Supervisor	Contracted <input type="checkbox"/> Substitute <input type="checkbox"/> N/A <input type="checkbox"/>	Years of employment:

**Part 4.** NDCC 15.1-13-15 requires first time applicants subscribe to the oath of affirmation below.

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of North Dakota, and I will faithfully discharge the duties of my position, according to the best of my ability. I declare under penalty of perjury the information furnished herein is to the best of my knowledge and belief, true, correct, and complete.

I understand that knowingly providing false information may be grounds for denial of licensure. **ESPB is authorized to release Social Security Numbers to the BCI and the FBI.**

Subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_.

Your signature must be **original** and dated in the last six months.

<b>Signature of Applicant</b>
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Return **original** form 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 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																																		
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Billing Address of credit card (if different than the mailing address)																																		
Address: _____																																		
City _____ State _____ Zip Code _____																																		

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