



APPLICATION FOR NORTH DAKOTA EDUCATOR'S PROFESSIONAL LICENSE

SFN 9019 (10-18)

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.
- 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 received credit.
- 6) Go to www.nd.gov/esp/Forms/Licensure, print Fingerprinting Instructions and complete for background check.
- 7) Submit copy of test scores.

North Dakota Graduates

<input type="checkbox"/> \$30	Application fee – nonrefundable (required for all first-time applicants).	and	<input type="checkbox"/> \$75	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).	and		
<input type="checkbox"/> \$75	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"/> \$180	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"/> \$75	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	and Out-of-State Transcript Analysis - nonrefundable. For applicants that do not hold a valid out of state license.			
<input type="checkbox"/> \$75	Out-of-State Highly Qualified License - two year. Send Confirmation of Highly Qualified Status form (SFN 58288) to state agency for confirmation of your highly qualified status.			

Other

<input type="checkbox"/> \$155	Alternative Access License - one year. Submit a letter from your administrator requesting this license.
<input type="checkbox"/> \$155	Interim School Counselor License - one year. Submit a letter from your administrator requesting this license.
<input type="checkbox"/> \$85	Interim Substitute License - two years.
<input type="checkbox"/> \$55	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 yes , 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, been suspended without pay, or been let out of a contract early? You must answer "yes" even if the matter was later resolved with any form of settlement or severance agreement regardless of its terms. If YES , enter your 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 yes , 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 yes , 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
8	Can you demonstrate competencies in youth mental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 2. 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 3. 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.

Signature of Applicant

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 _____ _____			
<u>Credit Card Number</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 20px; width: 100%; margin-top: 5px;"> </div>	<u>Expiration Date</u> <div style="border: 1px solid black; display: flex; justify-content: space-between; height: 20px; 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: 20px; 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.