

**Office of Educator Certification**

Type all information or use blue or black ink.

**Alternative Certification District Sign-off**

Transition to Professional

<b>Part 1 – Applicant Information to be completed by the employing school district.</b>	
Last 4 digits of SSN:	Last Name:
First Name:	Maiden/Previous Last Name:
<b>Part 2 – School district sign-off for completion of alternative certification.</b> Email completed form to <a href="mailto:certification@state.sd.us">certification@state.sd.us</a>	

We, the \_\_\_\_\_ public or Department-accredited school, hereby certify that  
(name of school)

all expectations and all requirements for the \_\_\_\_\_ alternative certification have  
(General Education, TFA, CTE, SPED, Administration)

been met. We are recommending that the educator can now obtain:

- Professional teaching certificate - By checking this option, the Public or Department accredited school affirms that:
  - The applicant was provided with information about and adhered to the South Dakota Code of Professional Ethics for Teachers as set forth in chapter 24:08:03; AND
  - The applicant participated in a mentor program
- Early childhood special education endorsement
- K-12 special education endorsement
- Professional administrator certificate with a superintendent endorsement
- Professional administrator certificate with a principal endorsement

<b>Print Name of Authorized Official:</b>	<b>Print Title of Authorized Official:</b>	
<b>Email Address:</b>	<b>Telephone (including area code):</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Signature of Authorized Official:</b>		<b>Date:</b>