

Office of Educator Certification

Type all information or use blue or black ink.

Educator Experience Verification

CTE Work Experience

Part 1 – To be completed by the Applicant.			
Last 4 digits of SSN:		Telephone Number:	
Last Name:	First Name:	Maiden/Previous Last Name:	
Street Address or PO Box:			
City:		State:	Zip Code:
Email Address:			
CTE endorsement(s) requested:			

Part 2 – To be completed by the employer. - <i>Time spent as a non-certified instructor at a school cannot be counted</i> Email completed form to certification@state.sd.us			
Printed Name of Company:		Telephone Number:	
Printed Name of Supervisor:	Printed Title of Supervisor:		
Street Address or PO Box:			
City:		State:	Zip Code:
Supervisor Email Address:			
Dates of Employment: (example 7/1/2015 – 7/15/2020)			
Job Title:			
Average Hours of Work per Week:		Total Hours of Work:	

Describe in detail all job duties and responsibilities performed during the stated employment period and how they pertain to the area(s) that you wish to teach.

List the skills that you gained from this work experience and how they pertain to the area(s) that you wish to teach.

Signature of Authorized Official:	Date:
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