

**Office of Educator Certification**

Type all information or use blue or black ink.

**Educator Permit Experience Verification**

School Business Official/CEO/Superintendent Admin Alt Cert

<b>Part 1 – To be completed by the Applicant.</b>		
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:		
I am applying for the following: <input type="checkbox"/> School Business Official <input type="checkbox"/> CEO Permit <input type="checkbox"/> Superintendent Admin Alt Cert		

<b>Part 2 – To be completed by the employer.</b> Email completed form to <a href="mailto:certification@state.sd.us">certification@state.sd.us</a>		
<ul style="list-style-type: none"> <li>• <b>School business official</b> must have two years of experience as a school business official in a public or Department-accredited school if coursework requirements are not met.</li> <li>• <b>CEO permit</b> must have a minimum of three years of documented business, management, leadership, or instructional experience.</li> <li>• <b>Superintendent Administrator Alt Cert</b> must have three or more years of experience in a management role in a business, public school, or department-accredited school, or be employed as a teacher with a leadership role in a public or department-accredited school. (School Teacher/Admin experience can be submitted on <b>Educator Experience Verification – EPV1</b> form.)</li> </ul>		
Printed Name of Company:		Telephone Number:
Printed Name of Supervisor:		Printed Title of Supervisor:
Street Address or PO Box:		
City:	State:	Zip Code:
Email Address:		

Date(s) of Employment: (ex. 7/1/2015 – 7/15/2017)	
Job Title:	
Average number of hours worked per week:	Total number of hours worked:

**Describe in detail all job duties and responsibilities performed during the employment period and how they pertain to the certification for which you are applying.**

**List all skills that you gained from this work experience and how they pertain to the certification for which you are applying.**

<b>Signature of Supervisor:</b>	<b>Date:</b>
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