

Office of Educator Certification

Educator Permit District Intent to Employ

Type all information or use blue or black ink.

Expert Lecturer

Part 1 – Applicant Information to be completed by the employing school district.	
Last Name:	Last 4 digits of the SSN:
First Name:	Maiden/Previous Last Name:
Area of specialty:	

Part 2 – Public or Department-Accredited school intent to employ through expert lecture permit. Email completed form to certification@state.sd.us	
Public or Department-Accredited School:	School Building:
Grade Level:	Starting Date as Teacher of Record:
<u>Teacher Assignment Numbers as listed in PRF:</u>	
What unique qualification and experience does this applicant have that will enhance the educational programs in your school?	

Part 3 – Employer requirements for employing an individual with an expert lecture permit. According to ARSD 24:28:09:16, the employing public or Department-accredited school must meet the following requirements for the applicant to receive the permit:		
<ul style="list-style-type: none"> • Recommend the applicant for employment; • Develop a program to assist the lecturer with academic and classroom support; • Provide a mentor teacher to the applicant; and • Provide assurances of regular observation, guidance, and evaluation of the performance of assigned duties. 		
Print Name of Authorized Official:	Print Title of Authorized Official:	
Email Address:	Telephone Number:	
Address:		
City:	State:	Zip Code:
Signature of Authorized Official:		Date: