

Office of Educator Certification

Type all information or use blue or black ink.

Educator Permit District Intent to Employ

International Exchange Teacher

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:
Teaching field (content area) of your foreign license/certificate:	

Part 2 – Public or Department-Accredited school intent to employ through international exchange teacher permit. Email completed form to certification@state.sd.us	
Public or Department-Accredited School:	School Building:
Grade Level:	Starting Date as Teacher of Record:
Teaching Assignment Numbers as Listed in PRF:	

We, the public or Department-accredited school plan to employ the named applicant through the international exchange teacher permit. We understand that the permit is a five-year nonrenewable permit that is issued to an eligible teacher from another nation to teach for up to five consecutive years. The international exchange teacher permit is limited to the fields identified as comparable to fields in South Dakota by an approved foreign transcript evaluation agency.

Print Name of Authorized Official:	Print Title of Authorized Official:		
Email Address:	Telephone Number:		
Address:			
City:	State:	Zip Code:	
Signature of Authorized Official:			Date: