

Office of Educator Certification

Educator Permit District Intent to Employ

Type all information or use blue or black ink

Performing Artist

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:

Part 2 – Public or Department-Accredited school intent to employ through performing artist 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:	
Was the above position advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where, and how many applicants?
Did any of the applicants hold a South Dakota professional or advanced teaching certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the reason for not hiring.	
Explain the mentorship that will be provided during the school year?	

We, the Public or Department-Accredited School, understand that:

- the certificate must be renewed yearly with our recommendation for renewal; and
- a mentor teacher must be provided to the applicant.

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