

**Office of Educator Certification**

**PRINT ALL INFORMATION IN BLUE OR BLACK INK!**

**Hardship Modification Request**

**Part 1 – Applicant Information**

Last 4 digits of SSN		
Last Name	First Name, MI	Maiden/Previous Last Name
Telephone Number	Email Address	

**Part 2 – Hardship Request Justification.**

**Renewal application and payment must be submitted with this form.**

Upload or Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

According to **ARSD 24:28:03:05**, for good cause, the Secretary may extend the expiration date of the certificate, without penalty, for a period of one year. Examples of good cause include serious illness, loss of income, or the death or serious illness of a family member. The Secretary may not extend a certificate without satisfactory evidence that the educator made a good faith effort to meet the renewal requirements.

**Identify Reason for Hardship Request**

- Serious illness**
- Loss of income**
- Death or serious illness of a family member:**
- Other:** \_\_\_\_\_

**Describe the hardship that has prevented you from meeting the requirements for renewal:**

**What renewal requirements have you completed? (Please submit documentation for verification.)**

**I understand that I am applying for a one year hardship modification, according to ARSD 24:28:03:05, to extend the expiration date of my current certificate. I hereby attest that the information is true, and accurate to the best of my knowledge.**

Signature of Applicant	Date
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**Email:** [certification@state.sd.us](mailto:certification@state.sd.us)

**Mailing Address:** Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501