

Office of Educator Certification  
PRINT ALL INFORMATION IN BLUE OR BLACK INK!

**CTE Experience Verification Form**

**Part 1 – To be completed by the Applicant.**

Last 4 digits of SSN		-	Date of Birth	
Last Name		First Name, MI		Maiden/Previous Last Name
Street Address/PO Box				
City		State		Zip Code
Telephone Number		Email Address		
CTE endorsement(s) requested:				

**Part 2 – To be completed by the employer.**  
Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)  
  
One of the requirements for granting secondary instructors certification for specific career and technical education endorsement is the verification of successful work experience in a related field of the requested endorsement.

Printed Name of Company				
Printed Name of Supervisor			Printed Title of Supervisor	
Street Address/PO Box				
City		State		Zip Code
Telephone Number		Email Address		

Date(s) of Employment: (example 7/1/2015 – 7/15/2017)	
Job Title:	
Average hours of work a week:	Total hours of work:

List specifically all job duties and responsibilities performed during the employment period.

Signature of Authorized Official

Date

Email: [certification@state.sd.us](mailto:certification@state.sd.us)

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