

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

Educator Permit Experience Verification Form
School Business Official/CEO

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		
I am applying for the following: <input type="checkbox"/> School Business Official <input type="checkbox"/> CEO Permit				

Part 2 – To be completed by the employer. Email completed form to certification@state.sd.us

- **School business official** must have two years of experience as a school business official in a public or Department-accredited school if coursework requirements are not met.
- **CEO permit** must have a minimum of three years of documented business, management, leadership, or instructional experience.

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

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