

Office of Educator Certification

**Educator Permit District Intent to Employ Expert Lecture**

PRINT ALL INFORMATION IN BLUE OR BLACK INK!

**Part 1 – Applicant Information to be completed by the employing school district.**

Last Name	Last 4 digits of the SSN	-	
First Name, MI	Maiden/Previous Last Name		
Area of expert's specialty:			

**Part 2 – Public or Department-Accredited school intent to employ through expert lecture permit.**  
Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

Public or Department-Accredited School	School Building Name
Grade Level	Content Area
Class Assignment(s)	
What unique qualification and experience does this applicant have that will enhance the educational programs in your school?	

**Part 3 – Employer requirements for employing an individual with an expert lecture permit.**

According to ARSD 24:28:09:16, the employing public or Department-accredited school must meet the following requirements in order for the applicant to receive the permit:

- Develop a program to assist the lecturer with academic and classroom support;
- Provide a mentor teacher to the applicant; and
- Provide assurances of regular observation, guidance, and evaluation of the performance of assigned duties.

Attach the outlined plan for meeting the requirements for employing an expert lecture.

Print Name of Authorized Official	Title of Authorized Official		
Email Address	Telephone (including area code)		
Address	City	State	Zip Code
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