

Office of Educator Certification

PRINT ALL INFORMATION IN BLUE OR BLACK INK!

Out-of-State Provisional Extension

Part 1 – To be completed by the Applicant.

Complete this section. Email completed form to certification@state.sd.us

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, _____, have registered for the required South Dakota Indian Studies course with the following approved university _____ and will complete the course by the following date _____.

After completing the course, I will send my official university transcripts to the South Dakota Department of Education, Office of Certification. I understand that this is a one-time extension of the provisional certificate and that no certification will be issued if I do not complete the requirements according to South Dakota State Codified Law [13-1-48](#).

Signature _____

Date _____

Email: certification@state.sd.us

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