

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

Specialized Learning Experience Documentation

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		
Teaching Field (As related to work experience):			
Signature (affirms information is true and correct):			

Part 2 – To be completed by the Applicant. Describe specialized learning experience:

ARSD 24:28:17:06. Specialized learning experience requirement. A specialized learning experience shall be education-related and may occur within the public or private sector. A specialized learning experience includes experience incorporating the applicant’s occupational field or instruction provided by the applicant to teacher candidates at an accredited institution of higher education as part of an approved teacher preparation program. A specialized learning experience does not include other forms of instruction provided by the applicant.

Start Date:	End Date:
Work Experience Sponsor/Agency:	
<p>Identify the type of specialized learning experience:</p> <p><input type="checkbox"/> Traveling to another country or state as part of a formal program to learn about their education system</p> <p><input type="checkbox"/> Legislative experience focusing on education-related issues</p> <p><input type="checkbox"/> Employee of the Department of Education</p> <p><input type="checkbox"/> Time spent as an officer of an education related association or organization</p> <p><input type="checkbox"/> Instruction provided by the applicant to <u>teacher candidates</u> at an accredited institution of higher education</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Describe the specialized learning experience opportunity and identify how the experience has provided an opportunity to learn new information that applies to your teaching field (Attach additional pages as needed):</p> 	

Part 3 – To be completed by Supervisor/Sponsor.

Verification of Work Experience

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

Print Name of Authorized Official		Print Title of Authorized Official		
Telephone (including area code)	Email Address			
Name of Institution/Company		City	State	Zip
Do you verify the description of the specialized learning experience depicted by the applicant is true? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe why the description, as provided by the applicant, does not represent the specialized learning experience: 				
Signature of Authorized Official		Date		

Email: certification@state.sd.us

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