

Office of Educator Certification

Educator Experience Verification

Type all information or use blue or black ink.

Teaching

Part 1 – To be completed by the applicant. After completing Part 1, send this form to the school district(s) in which you were employed. <ul style="list-style-type: none"> Waiver of pedagogy requires at least two years of authorized experience in the grade span of the endorsement. Reciprocity based on an Alternative Certification Preparation requires at least 3 years of experience within the past 5 years. Conversion of a Professional Teaching Certificate to an Advanced Teaching Certificate requires at least 5 years of authorized teaching experience. 			
Last 4 digits of SSN:	Telephone Number:		
Last Name:	First Name:	Maiden/Previous Last Name:	
Address:	City:	State:	Zip Code:
Email Address:			

I have taught the following grades and content areas:

<i>EXAMPLE:</i>	School Year	School Year	School Year	School Year	School Year
<i>School Year 2016-2017</i>					
<i>Grade 7-12</i>	Grade	Grade	Grade	Grade	Grade
<i>Content Geography, US History</i>	Content	Content	Content	Content	Content
Applicant Signature:				Date:	

I hereby verify that information stated above by the applicant is accurate.

Part 2 – To be completed by an authorized representative of the Public or Department-Accredited School. (Superintendent, principal, agency director or designated personnel officer.) return to certification@state.sd.us		
Public or Department-Accredited School:	Print Name and Title of Authorized Official:	
Email Address:	Telephone Number:	
Address:		
City:	State:	Zip Code:
Signature of Authorized Official:		Date: