

**Office of Educator Certification**

**Educator Permit Experience Verification**

Type all information or use blue or black ink.

Performing Artist

<b>Part 1 – To be completed by the Applicant.</b>			
Last 4 digits of SSN:		Telephone Number:	
Last Name:	First Name:	Maiden/Previous Last Name:	
Mailing Address:			
City:	State:	Zip Code:	
Email Address:			
I am applying for the Performing Artist permit to teach the following: <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Music <input type="checkbox"/> Art			

<b>Part 2 – To be completed by the employer who provided the job experience.</b>	
Email completed form to <a href="mailto:certification@state.sd.us">certification@state.sd.us</a>	
<ul style="list-style-type: none"> <li>• <b>Performing Artist permit</b> must have a minimum of five years of occupational experience in the performing arts field in which the permit is requested.</li> <li>• Work Experience requires employer validation (job description, hours worked, duties, DOLR labor records, etc.) or self-employment validation.</li> <li>• <b>Experience as a non-certified instructor in a school cannot be counted towards qualifying experience.</b></li> </ul>	
Date(s) of Employment: (eg. 7/1/2015 – 7/15/2017)	
Job Title:	
Average number of hours per week:	Total number of hours worked:

Printed Name of Organization:		
Printed Name of Authorized Official:	Printed Title of Authorized Official:	
Mailing Address:		
City:	State:	Zip Code:
Email Address:	Telephone Number:	

**Describe in detail all job duties and responsibilities performed during the employment period and how they pertain to the area(s) that you wish to teach.**

**List the skills that you gained from this work experience and how they pertain to area(s) that you wish to teach.**

<b>Signature of Authorized Official:</b>	<b>Date:</b>
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