

**Office of Educator Certification**

**Educator Permit District Intent to Employ**

Type all information or use blue or black ink.

CTE Instructor

<b>Part 1 – Applicant Information to be completed by the employing school district.</b>		
<b>Last Name:</b>	<b>Last 4 digits of the SSN:</b>	
<b>First Name:</b>	<b>Maiden/Previous Last Name:</b>	
<b>Part 2 – Public or Department-Accredited school intent to employ through CTE Instructor Educator Permit.</b> Email completed form to <a href="mailto:certification@state.sd.us">certification@state.sd.us</a>		
<b>Public or Department-Accredited School:</b>	<b>School Building:</b>	
<b>Grade Level:</b>	<b>Starting Date as Teacher of Record:</b>	
<b><u>Teaching Assignment Numbers as listed in PRF:</u></b>		
<b>Was the above position advertised?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, where, and how many applicants?</b>	
<b>Did any of the applicants hold a South Dakota professional or advanced teaching certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, state the reason for not hiring.</b>		
<b>Explain the mentorship that will be provided during the school year?</b>		

**We, the Public or Department-Accredited School, understand that:**

- the applicant must submit documentation showing the completion of a 4 credit Mentorship experience and a 2 credit CTE Methods course on an official transcript from a regionally accredited college or university to renew.
- a mentor teacher must be provided to the applicant.

<b>Print Name of Authorized Official:</b>	<b>Print Title of Authorized Official:</b>	
<b>Email Address:</b>	<b>Telephone Number:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Signature of Authorized Official:</b>		<b>Date:</b>