

Office of Educator Certification

Out-of-State Educator Certification Verification

Type all information or use blue or black ink.

Part 1 – To be completed by the Applicant. Complete this section, then send this form to the licensure agency where you hold an educator license/certificate.		
Last 4 digits of SSN:	Telephone Number:	Date of Birth:
Last Name:	First Name:	Maiden/Previous Last Name:
Email Address:		

Part 2 – To be completed by the State Licensure/Certification Agency that issued current Out-of-State Certificate. Email completed form to certification@state.sd.us		
Current Licensure/Certificate Expiration Date		
Licensure/Certificate Obtained Through	<input type="checkbox"/> Traditional Education Program <input type="checkbox"/> State Approved Alternative Program <input type="checkbox"/> Reciprocity with Other State <input type="checkbox"/> University Certification-only Program	
Current Licensure/Certificate Status	<input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Emergency <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional <input type="checkbox"/> Substitute	
Does the certificate holder have any deficiencies?	<input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, explain	
Current Licensure/Certificate Type	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Education Specialist	
Preparation Type/Degree	<input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> CTE <input type="checkbox"/> K-12 <input type="checkbox"/> Early Childhood SPED <input type="checkbox"/> K-12 SPED <input type="checkbox"/> K- 8 SPED <input type="checkbox"/> Categorical SPED <input type="checkbox"/> Curriculum Director <input type="checkbox"/> SPED Director <input type="checkbox"/> School Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Other:	
Content/Endorsement Areas		
Are there any prior or pending disciplinary actions against the license/certificate holder for actual or alleged ethics violations? <input type="checkbox"/> No <input type="checkbox"/> Yes -- If yes, explain		
Is the certificate holder in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I have reviewed the information and certify that the individual named in Part 1 has received an educator license/certificate from the State of _____.

Name of State Agency:	Print Name and Title of Authorized Official:	
Telephone Number:	Email Address:	
Signature of Authorized Individual:		Date: