

Date Received by SD DOE:
Form AC8(12-2018)

Office of Educator Certification

Type all information or use blue or black ink.

Alternative Certification District Sign-Off

Transition to Professional

Part 1 – Applicant Information to be completed by the employing school district.

Last 4 digits of SSN	Last Name
First Name	Maiden/Previous Last Name

Part 2 – School district sign-off for completion of alternative certification.
Email completed form to certification@state.sd.us

We, the _____ public or Department-accredited school, hereby certify that
(name of school)
expectations and all requirements for _____ alternative certification have
(General, TFA, CTE, SPED, Administration)
been met. We are recommending that the educator can now obtain:

- Professional teaching certificate
- Early childhood special education endorsement
- K-12 special education endorsement
- Professional administrator certificate with a superintendent endorsement
- Professional administrator certificate with a principal endorsement

Print Name of Authorized Official		Print Title of Authorized Official	
Email Address		Telephone (including area code)	
Address	City	State	Zip Code
Signature of Authorized Official			Date

Save the completed form as a PDF and Email to certification@state.sd.us