

Office of Educator Certification

Type all information or use blue or black ink.

Hardship Modification Request

Part 1 – Applicant Information

Last 4 digits of SSN	Telephone Number	
Last Name	First Name	Maiden/Previous Last Name
Email Address		

Part 2 – Hardship Request Justification.

Renewal application and payment must be submitted with this form.

Upload to the application or Email completed form to certification@state.sd.us

According to **ARSD 24:28:03:05**, for good cause, the Secretary may extend the expiration date of the certificate, without penalty, for a period of one year. Examples of good cause include serious illness, loss of income, or the death or serious illness of a family member. The Secretary may not extend a certificate without satisfactory evidence that the educator made a good faith effort to meet the renewal requirements.

Identify Reason for Hardship Request

- Serious illness**
- Loss of income**
- Death or serious illness of a family member:**
- Other:** _____

Describe the hardship that has prevented you from meeting the requirements for renewal:

What renewal requirements have you completed? (Please submit documentation for verification.)

I understand that I am applying for a one year hardship modification, according to ARSD 24:28:03:05, to extend the expiration date of my current certificate. I hereby attest that the information is true, and accurate to the best of my knowledge.

Applicant Signature	Date
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Save the completed form as a PDF and upload to the application OR Email to certification@state.sd.us