

Date Received by SD DOE:
Form EPV1 (12-2019)

Office of Educator Certification

Educator Experience Verification

Type all information or use blue or black ink.

Teaching

Part 1 – To be completed by the applicant requesting waiver of state-designated pedagogy test OR to convert to “advanced” with five years of teaching experience.
Send this form to the school district in which you were employed. If you have been employed by multiple districts, you need to send a form to each district for verification. For waiver of pedagogy, only two years of experience in the grade span of the endorsement is needed for documentation.

Last 4 digits of SSN	Telephone Number		
Last Name	First Name	Maiden/Previous Last Name	
Street Address/PO Box			
City	State	Zip Code	
Email Address			

I have taught the following grades and content areas:

EXAMPLE: <i>School Year</i> 2016-2017	School Year	School Year	School Year	School Year	School Year
<i>Grade</i> 7-12	Grade	Grade	Grade	Grade	Grade
<i>Content</i> Geography, US History	Content	Content	Content	Content	Content

Applicant Signature	Date
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Part 2 – To be completed by an authorized representative of the Public or Department-Accredited School.
(Superintendent, principal, agency director or designated personnel officer.)

I hereby verify that information stated above by the applicant is accurate.

Public or Department-Accredited School	Print Name and Title of Authorized Official		
Email Address	Telephone Number		
Address	City	State	Zip Code
Signature of Authorized Official			Date