

*Date Received by SD DOE:*  
Form EPV10 (12-2018)

**Office of Educator Certification**

**Educator Permit District Renewal Recommendation**

Type all information or use blue or black ink.

CTE Instructor

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

Certificate Number		Expiration Date
Last Name	First Name	Maiden/Previous Last Name

**Part 2 – School district sign off to recommend renewal of CTE Instructor for five years.**  
Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

Public or Department-Accredited School	School Building Name
Grade Level	Content Area
Class Assignment(s)	
Has the applicant completed a four credit mentored internship? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will it be completed?	
Has the applicant completed two credits in methods of CTE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will it be completed?	

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

- a mentor teacher must be provided to the applicant;
- we will have a program to assist the CTE instructor with academic and classroom support;
- we will regularly observe, guide and evaluate the performance of assigned duties; and
- we must recommend the CTE instructor for renewal based on documented performance and progress.

Print Name of Authorized Official		Print Title of Authorized Official		
Email Address				
Telephone Number				
Address	City	State	Zip Code	
Signature of Authorized Official				Date

Save the completed form as a PDF and Email to [certification@state.sd.us](mailto:certification@state.sd.us)