

Date Received by SD DOE:
Form EPV12 (12-2019)

Printed Name of Organization

Office of Educator Certification

Type all information or use blue or black ink.

Educator Permit Experience Verification

Performing Artist

Street Address/PO Box

City

State

Zip Code

Email Address



Part 1 – To be completed by the Applicant.

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 am applying for the following: Performing Artist Permit

Part 2 – To be completed by the employer who provided the job experience. Email completed form to certification@state.sd.us

- **Performing Artist permit** must have a minimum of five years of occupational experience in the performing arts field in which the permit is requested.
- Work Experience requires employer validation (job description, hours worked, duties, DOLR labor records,

Date(s) of Employment: (example 7/1/2015 – 7/15/2017)

Job Title:

Average hours of work a week:

Total hours of work:

List specifically all job duties and responsibilities performed during the employment period.

Signature of Authorized Official

Date

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