

Date Received by SD DOE:
Form EPV13 (12-2019)

Office of Educator Certification

Educator Permit District Renewal Recommendation

Type all information or use blue or black ink.

Performing Artist

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 to recommend renewal of alternative certification for one year.
Email completed form to certification@state.sd.us

School District Name	School Building Name
Grade Level	Content Area

Class Assignment(s)

What mentorship was provided throughout the last year?

Explain the mentorship that will be provided during the next school year?

Did the applicant meet the expectations of the district to continue employment at the school district?
 Yes No

Was the above position advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and how many applicants?
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Did any of the applicants hold a South Dakota professional or advanced administrator certificate prior to hiring an applicant for the administrator alternative certificate? Yes No

If yes, state the reason for not hiring.

According to ARSD 24:28:09:11, the employing public or Department-accredited school must meet the following requirements in order for the applicant to receive the permit:

- (1) Complete a performing artist verification form which identifies the position to be held by the applicant and documentation that the school is unable to hire a certified educator for the vacancy;
- (2) Provide a mentor teacher to the applicant; and
- (3) Recommend the performing artist certificate applicant for renewal based on documented performance.

We, the Public or Department-Accredited School, are recommending renewal of alternative certification for the above individual and understand that the:

- certificate must be renewed yearly with our recommendation for renewal;
- maximum length for performing artist educator permit certification is one year;
- individual may not teach content beyond the endorsements listed on the certificate;
- complete a minimum of one clock hour of suicide awareness and prevention training; and
- complete .5 education-related credits including transcribed credits; specialized learning experience hours; or continuing education contact hours.

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