

**Date Received by SD DOE:**  
Form EPV1 (12-2018)

**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. Only two years of experience in the grade span of the

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:

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