

Date Received by SD DOE:
Form EPV2 (12-2018)

Office of Educator Certification

CTE Experience Verification

Type all information or use blue or black ink.

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			
CTE endorsement(s) requested:			

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

 One of the requirements for granting secondary instructors certification for specific career and technical education endorsement is the verification of successful work experience in a related field of the requested endorsement.

Printed Name of Company		Telephone Number
Printed Name of Supervisor	Printed Title of Supervisor	
Street Address/PO Box		
City	State	Zip Code
Email Address		

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