

Office of Educator Certification
Type all information or use blue or black ink.

Eminent Scholar Lakota, Dakota, Nakota
Language and Culture Proficiency Verification

Part 1 – To be completed by the applicant.
Send this form to the authorized individual listed on page 2.

| | | |
|----------------------|----------------|---------------------------|
| Last 4 digits of SSN | | Telephone Number |
| Last Name | First Name, MI | Maiden/Previous Last Name |
| Email Address | | |

Part 2 – To be completed by an authorized individual from the organization approved by the SD tribal government and the Department.
Email completed form to certification@state.sd.us.

Proficiency Statement

I certify that _____ has met the requirements of the
(applicant name)
eminent scholar program recognized by an approved indigenous language board or similar organization created and recognized by a tribal government.

Also, the individual has successfully completed a three-semester-hour methodology course directly related to teaching Lakota, Dakota, Nakota language from a regionally-accredited institution of higher education.

| | | | | |
|-------------------------------------|--|------------------------------------|-------|----------|
| Printed 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

Organization approved by both a tribal government in South Dakota and the Department

Dakotah Language Institute

Contact Person: Tamara Decoteau

Phone: 605.698.2030

Email: tammyd@swo-nsn.gov

Cheyenne River Sioux Tribe

Contact Person: Harold Frazier, Chairman

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Phone: 605.964.4155