

**Office of Educator Certification**

Type all information or use blue or black ink.

**Educator Permit District Intent to Employ**

Expert Lecture

**Part 1 – Applicant Information to be completed by the employing school district.**

Last Name		Last 4 digits of the SSN	
First Name	Maiden/Previous Last Name		
Area of expert's specialty:			

**Part 2 – Public or Department-Accredited school intent to employ through expert lecture permit.**

Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

Public or Department-Accredited School	School Building Name
Grade Level	Content Area
Class Assignment(s)	
What unique qualification and experience does this applicant have that will enhance the educational programs in your school?	

**Part 3 – Employer requirements for employing an individual with an expert lecture permit.**

According to ARSD 24:28:09:16, the employing public or Department-accredited school must meet the following requirements for the applicant to receive the permit:

- Develop a program to assist the lecturer with academic and classroom support;
- Provide a mentor teacher to the applicant; and
- Provide assurances of regular observation, guidance, and evaluation of the performance of assigned duties.

Print Name of Authorized Official		Title of Authorized Official	
Email Address		Telephone Number	
Address	City	State	Zip Code
Signature of Authorized Official			Date