



**Date Received by SD DOE:**  
Form EPV7 (12-2018)

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

**Educator Permit District Intent to Employ**  
International Exchange Teacher

**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
Teaching field (content area) of your foreign license/certificate	

**Part 2 – Public or Department-Accredited school intent to employ through international exchange teacher 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)	

We, the public or Department-accredited school plan to employ the named applicant through the international exchange teacher permit. We understand that the permit is a five-year nonrenewable permit that is issued to an eligible teacher from another nation to teach for up to five consecutive years. The international exchange teacher permit is limited to the fields identified as comparable to fields in South Dakota by an approved foreign transcript evaluation agency.

Print Name of Authorized Official	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](mailto:certification@state.sd.us)