



Date Received by SD DOE:
Form EPV9 (04-2019)

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

Educator Permit District Intent to Employ
CTE Instructor

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

Part 2 – Public or Department-Accredited school intent to employ through CTE Instructor Educator Permit.
Email completed form to certification@state.sd.us

Public or Department-Accredited School	School Building Name
Grade Level	Content Area
Class Assignment(s)	
Was the above position advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and how many applicants?
Did any of the applicants hold a South Dakota professional or advanced teaching certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the reason for not hiring.	
Explain the mentorship that will be provided during the school year?	

We, the Public or Department-Accredited School, understand that:

- the applicant must complete a four-credit mentored internship and a two credit methods of CTE course in the first three years of employment; and
- a mentor teacher must be provided to the applicant.

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