

Date Received by SD DOE:
Form OSF1 (12-2018)

Office of Educator Certification

Type all information or use blue or black ink.

Out-of-State University Sign-off Form

Part 1 – To be completed by the Applicant.
Send this form to the **education department** at the university in which you completed your education program.

Last 4 digits of SSN	Telephone Number	Date of Birth
Last Name	First Name	Maiden/Previous Last Name
Email Address		

Part 2 & 3 – To be completed by the university authorized official/certification officer.

Satisfactorily completed an approved program leading to certification <input type="checkbox"/> Yes <input type="checkbox"/> No			
Program completed included a student teaching/internship/field experience <input type="checkbox"/> Yes <input type="checkbox"/> No			
Degree Program <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Education Specialist <input type="checkbox"/> Other:			
Degree Major	# of Credits in Major	GPA of Credits in Major	Completion Date
Degree Major	# of Credits in Major	GPA of Credits in Major	Completion Date
Preparation Type/Degree	<input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> CTE <input type="checkbox"/> K-12 <input type="checkbox"/> Early Childhood SPED <input type="checkbox"/> K-12 SPED <input type="checkbox"/> K- 8 SPED <input type="checkbox"/> Categorical SPED <input type="checkbox"/> SPED Director <input type="checkbox"/> School Counselor <input type="checkbox"/> Curriculum Director <input type="checkbox"/> Other: _____ <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent		
Content/Endorsement Areas			

Part 3 – Verification by the university authorized official.
Email completed form to certification@state.sd.us

Print Name of Authorized Official	Print Title of Authorized Official	
Telephone (including area code)	Email Address	
Name of Institution	City	State
Regionally-accredited institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom?		
Authorized Official Signature	Date	

Save the completed form as a PDF and Email to certification@state.sd.us
OR Mail to: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501