

**Date Received by SD DOE:**  
Form OSF4 (12-2018)

**Office of Educator Certification**

**Out-of-State Reciprocity Educator Experience Verification**

Type all information or use blue or black ink.

Teaching Experience

**Part 1 – Completed by Applicant requesting reciprocity based on the completion of an alternative certification route.**

Send this form to the school district in which you were employed within the past five years. If you have been employed by multiple districts, you need to send a form to each district for verification.

Last 4 digits of SSN	Telephone Number	Date of Birth
Last Name	First Name	Maiden/Previous Last Name
Street Address/PO Box		
City	State	Zip Code
Email Address		

**In the past five years, I have taught the following grades and content areas:**

<i>EXAMPLE:</i>	School Year	School Year	School Year	School Year	School Year
<i>School Year</i>					
<i>2016-2017</i>					
<i>Grade</i>	Grade	Grade	Grade	Grade	Grade
<i>7-12</i>					
<i>Content</i>	Content	Content	Content	Content	Content
<i>Geography, US History</i>					

Applicant Signature	Date
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**Part 2 – To be completed by the school district authorized representative.**  
(Superintendent, principal, agency director or designated personnel officer)

**I hereby verify that information stated above by the applicant is accurate.**

Name of School District	Print Name and Title of Authorized Official		
Email Address	Telephone (including area code)		
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)

**OR Mail to:** Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501