

Office of Educator Certification

Specialized Learning Experience Documentation

Type all information or use blue or black ink.

Part 1 – To be completed by the Applicant.		
Last 4 digits of SSN:		Telephone Number:
Last Name:	First Name:	Maiden/Previous Last Name:
Street Address or PO Box:		
City:	State:	Zip Code:
Email Address:		
Teaching Field (as related to work experience):		
Applicant Signature (affirms information is true and correct):		

Part 2 – To be completed by the Applicant. Describe specialized learning experience:	
<p>ARSD 24:28:17:06. Specialized learning experience requirement. A specialized learning experience shall be education-related and may occur within the public or private sector. A specialized learning experience includes experience incorporating the applicant’s occupational field or instruction provided by the applicant to teacher candidates at an accredited institution of higher education as part of an approved teacher preparation program. A specialized learning experience does not include other forms of instruction provided by the applicant.</p> <p>ARSD 24:28:17:02. Recency of credits for renewal. The applicant for renewed certification shall complete the renewal requirements for a valid certificate between the issue date of the previous certificate and October 1 of the expiration year.</p> <p>ARSD 24:28:17:03. Single consideration of credits. The applicant for renewed certification who took multiple courses with identical content during a renewal period may count the courses as a single course for the purpose of meeting credit requirements for renewal.</p>	
Start Date:	End Date:
Work Experience Sponsor/Agency:	
<p>Identify the type of specialized learning experience:</p> <p><input type="checkbox"/> Traveling to another country or state as part of a formal program to learn about their education system</p> <p><input type="checkbox"/> Legislative experience focusing on education-related issues</p> <p><input type="checkbox"/> Employee of the Department of Education</p> <p><input type="checkbox"/> Time spent as an officer of an education related association or organization</p> <p><input type="checkbox"/> Instruction provided by the applicant to teacher candidates at an accredited institution of higher education (Must provide Course Name(s), Course Number(s), Number of credits for which each course was offered, dates each course was offered)</p> <p><input type="checkbox"/> Other:</p>	

Describe the specialized learning experience opportunity and identify how the experience has provided an opportunity to learn new information that applies to your teaching field (Attach additional pages as needed):

Part 3 – To be completed by supervisor/sponsor.
Verification of Work Experience
Email completed form to certification@state.sd.us

Print Name of Authorized Official:	Print Title of Authorized Official:
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Telephone Number:	Email Address:
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Name of Institution Or Company:

City:	State	Zip Code:
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Do you verify the description of the specialized learning experience depicted by the applicant is true?

Yes
 No

If no, please describe why the description, as provided by the applicant, does not represent the specialized learning experience:

Signature of Authorized Official:	Date:
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