

**Date Received by SD DOE:**  
Form RF2 (12-2018)

**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/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:**

**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.

Start Date:	End Date:
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**Work Experience Sponsor/Agency:**

**Identify the type of specialized learning experience:**

- Traveling to another country or state as part of a formal program to learn about their education system
- Legislative experience focusing on education-related issues
- Employee of the Department of Education
- Time spent as an officer of an education related association or organization
- Instruction provided by the applicant to teacher candidates at an accredited institution of higher education
- Other: \_\_\_\_\_

**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](mailto:certification@state.sd.us)

<b>Print Name of Authorized Official</b>		<b>Print Title of Authorized Official</b>		
<b>Telephone Number</b>	<b>Email Address</b>			
<b>Name of Institution/Company</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Do you verify the description of the specialized learning experience depicted by the applicant is true?</b>				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				
<b>If No, please describe why the description, as provided by the applicant, does not represent the specialized learning experience:</b>				
<b>Signature of Authorized Official</b>			<b>Date</b>	

Save the completed form as a PDF and Email to [certification@state.sd.us](mailto:certification@state.sd.us)