

Date Received by SD DOE:
Form SOF3 (12-2018)

Office of Educator Certification

Type all information or use blue or black ink.

Eminent Scholar Lakota, Dakota, Nakota

Recommendation for Certification

Part 1 – To be completed by the applicant.
Send this form to the authorized individual listed on page 2.

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

Part 2 – To be completed by an authorized individual from the organization approved by the SD tribal government and the Department.
Email completed form to certification@state.sd.us.

Recommendation for Certification

I hereby recommend _____ for licensure to teach
(applicant name)

Lakota, Dakota, or Nakota oral and written language and culture in grades kindergarten through 12 by an indigenous language board or similar organization created and recognized by a tribal government.

Printed Name of Authorized Official		Print 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

Organization approved by both a tribal government in South Dakota and the Department

Dakotah Language Institute

Contact Person: Tamara Decoteau

Phone: 605.698.2030

Email: tammyd@swo-nsn.gov

Cheyenne River Sioux Tribe

Contact Person: Harold Frazier, Chairman

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Eagle Butte, SD 57625

Phone: 605.964.4155