

VERIFICATION OF TEACHING EXPERIENCE

APPLICANT: Complete top portion and forward form to the school district.

COMPLETE INFORMATION USING A BLACK PEN AND READABLE PENMANSHIP			
Last Name	First Name	Middle	Maiden
Address	City	State	Zip
Phone:		Email:	
Social Security #:			
Location of Employment			
District		Building	
Address:	City	State	ZIP
Date Range of Employment as a certified teacher			
From: MM/DD/YY		To: MM/DD/YY	
Teaching Position Held:			
Date	Applicant Signature		

SUPERINTENDENT OF SCHOOLS OR APPROPRIATE PERSONNEL OFFICER:
Please verify by signature that the information stated by the applicant is accurate

Verification			
Signature		Print Name and Title	
Address			
School District	City	State	ZIP
Phone	Date		

Mail to: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501
Questions can be directed to: certification@state.sd.us or 605-773-3426