

Office of Educator Certification  
PRINT ALL INFORMATION IN BLUE OR BLACK INK!

**Alternative Certification District Intent to Employ**  
Special Education Alternative Certification

**Part 1 – Applicant Information to be completed by the employing school district.**

South Dakota Teaching Certificate Number		Expiration Date	
Last Name	Last 4 digits of the SSN	-	
First Name, MI	Maiden/Previous Last Name		

**Part 2 – Public or Department-Accredited school intent to employ through alternative certification.**  
Email completed form to [certification@state.sd.us](mailto:certification@state.sd.us)

Public or Department-Accredited School	School Building Name
Grade Level	Content Area
Class Assignment(s)	
Does the applicant have three years of teaching experience in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list.	
Was the above position advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and how many applicants?
Did any of the applicants hold a South Dakota professional or advanced teaching certificate qualified to teach special education prior to hiring an applicant for the special education alternative certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the reason for not hiring.	

**Part 3 – Employer requirements for employing an individual with an alternative teaching certificate.**

**According to ARSD 24:28:14:08**, a public or Department-accredited school employing an individual with a special education alternative teaching certification must provide mentorship by an individual with special education experience.  
**Explain the mentorship that will be provided for the named individual teaching with special education alternative certification.**

**We, the Public or Department-Accredited School, understand that the:**

- certificate must be renewed yearly with our recommendation for renewal;
- maximum length for alternative certification is three years; and
- individual must be working towards the requirements to obtain an early childhood special education or K-12 special education endorsement.

<b>Print Name of Authorized Official</b>		<b>Title of Authorized Official</b>		
<b>Email Address</b>		<b>Telephone (including area code)</b>		
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Signature of Authorized Official</b>				<b>Date</b>

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

**Mailing Address:** Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501