



Date Received by SD DOE:
Form AC8(07-2017)

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

Alternative Certification District Sign-Off

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

Certificate Number		Expiration Date
Last Name	First Name, MI	Maiden/Previous Last Name

Part 2 – School district sign-off for completion of alternative certification.
Email completed form to certification@state.sd.us

We, the _____ public or Department-accredited school, hereby certify that expectations and all requirements for _____ alternative certification have been met. We are recommending that the educator can now obtain:

- Professional teaching certificate
- Early childhood special education endorsement
- K-12 special education endorsement
- Professional administrator certificate with a superintendent endorsement
- Professional administrator certificate with a principal endorsement

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

Email: certification@state.sd.us

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