

Date Received by SD DOE:
Form EPV1 (07-2017)

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

Educator Experience Verification

Part 1 – To be completed by the applicant requesting waiver of state-designated pedagogy test.

Complete this section. Send this form to the school district in which you were employed. If you have been employed by multiple districts, you need to send a form to each district for verification. Only two years of experience in the grade span of the endorsement is needed for documentation.

Last 4 digits of SSN	-		Date of Birth		
Last Name	First Name, MI		Maiden/Previous Last Name		
Street Address/PO Box					
City	State		Zip Code		
Telephone Number	Email Address				
In the past five years I have taught the following grades and content areas:					
<i>EXAMPLE:</i> School Year 2016-2017	School Year	School Year	School Year	School Year	School Year
Grade 7-12	Grade	Grade	Grade	Grade	Grade
Content Geography, US History	Content	Content	Content	Content	Content
Applicant Signature				Date	

Part 2 – To be completed by the School District authorized representative.
(Superintendent, principal, agency director or designated personnel officer.)

I hereby verify that information stated above by the applicant is accurate.

Name of School District	Print Name and 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