

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

Specialized Learning Experience Documentation

Part 1 – To be completed by the Applicant.

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		
Teaching Field (As related to work experience):			
Signature (affirms information is true and correct):			

Part 2 – To be completed by the Applicant. Describe specialized learning experience:

ARSD 24:28:17:06. Specialized learning experience requirement. A specialized learning experience shall be education-related and may occur within the public or private sector. A specialized learning experience includes experience incorporating the applicant’s occupational field or instruction provided by the applicant to teacher candidates at an accredited institution of higher education as part of an approved teacher preparation program. A specialized learning experience does not include other forms of instruction provided by the applicant.

Start Date:	End Date:
Work Experience Sponsor:	
Description (Attach additional pages as needed):	

Part 3 – To be completed by Supervisor/Sponsor.

Verification of Work Experience

Complete this section. Email completed form to certification@state.sd.us

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

Verification: Define applicability of experience to applicant's teaching field (attach additional pages as needed):

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Email: certification@state.sd.us

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