

Office of Educator Certification

Out-of-State Educator Certification Verification

Type all information or use blue or black ink.

Part 1 – To be completed by the Applicant.
Complete this section, then send this form to the licensure agency where you hold an educator license/certificate.

Last 4 digits of SSN	Telephone Number	Date of Birth
Last Name	First Name, MI	Maiden/Previous Last Name
Email Address		

Part 2 – To be completed by the State Licensure/Certification Agency.
Email completed form to certification@state.sd.us

Current Licensure/Certificate Expiration Date			
Licensure/Certificate Obtained Through	<input type="checkbox"/> Traditional Education Program <input type="checkbox"/> State Approved Alternative Program		
Current Licensure/Certificate Status	<input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Emergency <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional <input type="checkbox"/> Substitute		
Does the certificate holder have any deficiencies?	<input type="checkbox"/> Yes -- If yes, explain <input type="checkbox"/> No		
Current Licensure/Certificate Type	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Education Specialist		
Preparation Type/Degree	<input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> CTE <input type="checkbox"/> K-12 <input type="checkbox"/> Early Childhood SPED <input type="checkbox"/> K-12 SPED <input type="checkbox"/> K- 8 SPED <input type="checkbox"/> Categorical SPED <input type="checkbox"/> School Counselor <input type="checkbox"/> SPED Director <input type="checkbox"/> Curriculum Director <input type="checkbox"/> Other: <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent		
Content/Endorsement Areas			
Are there any prior or pending disciplinary actions against the license/certificate holder for actual or alleged ethics violations?	<input type="checkbox"/> Yes -- If yes, explain <input type="checkbox"/> No		
Is the certificate holder in good standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I have reviewed the information and certify that the individual named in Part 1 has received an educator license/certificate from the State of _____.

Name of State Agency	Print Name and Title of Authorized Official
Telephone (including area code)	Email Address
Authorized Official Signature	Date

Save the completed form as a PDF and Email to certification@state.sd.us