

South Dakota Secondary Instructor Verification of Employment

One of the requirements for granting secondary instructors certificate for specific career and technical education endorsement is the verification of successful work experience in a related field of the requested endorsement.

To be completed by applicant:

Application for an instructors certificate for _____ Endorsement

Full Name: _____	SS # _____
Address _____	City, State _____
Zip Code _____	Phone # _____
	E-mail _____

To be completed by employer:

Name of Company: _____
Address, State, Zip Code _____

The above named individual was employed from _____ to _____	
working an average of _____ hours a week. The total hours worked were: _____	
Job Title: _____	
Job Description: _____	
Employer Signature _____	Date: _____

(* If **self employed**, complete employer section and submit a copy of your Tax Identification Number.)

Return this form to:
Becky Nelson
Office of Career & Technical Education
700 Governors Drive
Pierre, SD 57501-2291

Department of Education Use Only
_____ Approved requested endorsement
_____ Denied requested endorsement