**Click in the white spaces to enter your information.**

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| **Nebraska Department of Education Rule 20 Report** |
| **Educator Preparation Program Review**

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| Name of institution |  |
| Date of review |  |
| Contact Person |  |
| Phone/Fax |  |
| Email |  |

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| --- |
| Institution Accreditation Status: |
|  |  | National |  | State |

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