

Teacher Certification
Nebraska Department of Education
nde.tcertweb@nebraska.gov
www.education.ne.gov/tcert
Phone: (402) 471-0739
Fax: (402) 742-2359

INSTITUTIONAL VERIFICATION

FOR A NEBRASKA EDUCATOR

CERTIFICATE OR PERMIT

Teacher Certification
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
NDE 20-016
Revised 06-15

Name _____

Social Security Number* _____

To The Applicant: The signature of the authorized college certification officer must appear on the appropriate section of this form. The certification officer is a full-time staff member designated by the head of the education unit of each standard institution.

To The Certification Officer: Complete the appropriate portion of this form for the applicant named above and verify with your signature.

VERIFICATION OF A **COMPLETED APPROVED PROGRAM**

THE ABOVE-NAMED APPLICANT HAS COMPLETED THE FOLLOWING AT THIS INSTITUTION: (check all that apply)

- Approved Program for Initial Certification
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Fifth Year Program
- Specialists (6th Year Program)
- Program for An Added Endorsement

THE APPROVED PROGRAM COMPLETED PREPARED THE APPLICANT FOR:

Teaching:

Grade Level(s) _____

Grade Level(s) _____

Grade Level(s) _____

Administration:

Grade Level(s) _____

Grade Level(s) _____

Special Services (Non-Teaching):

Grade Level(s) _____

Grade Level(s) _____

Signature of Authorized College Certification Officer _____

Date _____

Institution _____

City _____

State _____

VERIFICATION OF A **RECENT COLLEGE CREDIT HOURS**

The above-named applicant has **completed** within the immediate past five (5) years and to the satisfaction of this institution the following semester hours of college credit:

- At this institution _____ semester hours of credit Transferred to this institution _____ semester hours of credit

In my professional opinion, these college hours would be appropriate for renewing/issuing a

- Teaching Certificate **or an** Administrative Certificate **or a** Special Services (non-teaching) certificate.

Signature of Authorized College Certification Officer _____

Date _____

Institution _____

City _____

State _____

VERIFICATION FOR A **PROVISIONAL ADMINISTRATIVE PERMIT**

This is to verify the above-named applicant has received a baccalaureate degree and has completed fifty percent of the approved program for principal or curriculum supervisor or has completed seventy-five percent of the approved program for superintendent at this approved teacher education institution. The school administrative area is for

_____ at the _____ grade level.

Signature of Authorized College Certification Officer _____

Date _____

Institution _____

City _____

State _____

*The requirement that a certificate or permit applicant provide his/her social security number is contained in Neb. Rev. Stat. 79-810. The uses that will be made of this number are criminal background checks prior to issuance of a certificate and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate or permit holders.