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

CRIMINAL CHARGES SELF-REPORTING FORM

Teacher Certification
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987

NDE 20-014
Revised 6-15

THIS FORM MUST BE COMPLETED IF YOU ANSWERED "YES" TO QUESTION 4 UNDER THE PERSONAL AND PROFESSIONAL FITNESS SECTION OF THE APPLICATION FORM

COMPLETE A SEPARATE FORM FOR EACH CHARGE. YOU MAY PHOTOCOPY THIS FORM.

SIGN AT THE BOTTOM OF THIS FORM.

Please Print **Social Security Number*:**

Criminal Charge:

Date of Offense:

Name of Arresting Party (Police or Sheriff's Office):

Court of Jurisdiction:

Plea and Conditions of Probation, if any:

Details of the Incident:

You may attach any further explanation of the incident.

**YOU MUST ATTACH A COPY OF YOUR COURT RECORD(S) RELATED TO THIS CHARGE.
IF COURT RECORDS ARE NO LONGER AVAILABLE, CONTACT THE OFFICE OF GENERAL COUNSEL AT THE NEBRASKA DEPARTMENT OF EDUCATION FOR FURTHER INSTRUCTIONS.**

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct. I hereby authorize the above-listed courts and law enforcement agencies to release any information concerning me to the Nebraska Department of Education.

Signature_____ **Date** _____

*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.