ADDED PROVISIONAL ENDORSEMENT TO A REGULAR NEBRASKA CERTIFICATE

Email: nde.tcertweb@nebraska.gov
Website: www.education.ne.gov/tcert
Twitter: @nde_tcert

Provisional endorsements are valid for <u>three</u> years.
Provisional endorsements <u>are not</u> renewable.

NDE 20-019
Revised 9-16

Name _____ Social Security Number* _____

<u>To the Applicant:</u> This form must be completed by the certification official at the approved teacher education institution where you are completing your approved program. **Do not** enroll for any courses unless you have secured the approval of the Certification Officer. In addition to this form, submit official transcripts to date, a completed application and the appropriate fee.

<u>To the Certification Officer:</u>

☐ **The above named applicant has completed at least 50% of an endorsement program.**

The **courses listed below** are required by the applicant for an additional endorsement in **the following area(s)** _____ _____and at the _____grade level.

Department	Course Number	Title of Course	Semester Hours

Signature of Authorized Certification Officer _____ Date _____

Institution Name and Address _____

_____

*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.

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