

**WECEP**  
**Nebraska Guidelines and Application**  
Work Experience & Career Exploration Program

School \_\_\_\_\_ Date \_\_\_\_\_

Person Completing Application: \_\_\_\_\_ Phone # \_\_\_\_\_

<b>CERTIFICATION</b>		
I HEREBY CERTIFY that, to the best of my knowledge, the information contained in this application is correct and complete and that the agency named below has authorized me, as its representative, to file this application.		
Legal Name of Local Education Agency	Signature of Local Education Agency Superintendent	Date

<b>APPROVAL</b>			
Recommended for approval by:			
State WECEP Director Nebraska Department of Education	Date	Director of Vocational/Technical Education Nebraska Department of Education	Date
Program approval for WECEP is on a one-year basis with renewal optional. To sustain approval, written approval for renewal must be made prior to June 30 of each year.			

Send completed application to:

Greg Stahr  
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Nebraska Department of Education  
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greg.stahr@nebraska.gov