



DISTRICT AGREEMENT STATEMENT

NDE 20-002
Revised 10-16

For A Provisional Permit

This form must be submitted with a completed application

Printed Name of Applicant _____

Social Security Number* _____

**PROVISIONAL ADMINISTRATIVE PERMIT (Not Renewable)
PROVISIONAL SPECIAL SERVICES PERMIT
Employment IS required for the Permit Listed Above**

I AM REQUESTING THE FOLLOWING TYPE OF PERMIT:

- Provisional Administrative Provisional Special Services

In order to qualify for a regular certificate, the applicant must complete these additional requirements:

- ◆ Basic Skills Competency
- ◆ Content Test
- ◆ Special Education Training
- ◆ Completion of approved recent college credit hours
- ◆ Completion of an approved program

I VERIFY BY MY SIGNATURE THAT I HAVE NOT YET COMPLETED ALL OF THESE REQUIREMENTS FOR A REGULAR NEBRASKA CERTIFICATE. I UNDERSTAND THAT I MUST COMPLETE THE REQUIREMENT(S) FOR SUBSEQUENT

CERTIFICATION.

Signature of Applicant: _____ Date: _____

To Be Completed by the Superintendent:

I, as Superintendent of the _____ Schools, do hereby affirm that this school system has employed the person named above for the 20____ to 20____ school year. I request the issuance of a provisional permit to this applicant.

Signature of Superintendent

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.