ALTERNATIVE PROGRAM TEACHING PERMIT

NDE 20-070
Revised 10-16

Name _____ Social Security Number* _____

Endorsement Area Requested

Employing District: _____ _____

School District Contact : _____

To the Nebraska Certification Officer: After reviewing the applicant's submitted documents, please recommend coursework that would lead this person to gain a regular Nebraska certificate once that work is completed. Recommendations will be used by NDE to format an applicant's deficiency plan.

This applicant also has the following Nebraska requirements to complete before they may apply for their regular teaching certificate. Check all that apply.

Human Relations ☐ CORE ☐ SPED ☐ Content Test ☐

Department	Course Number	Title of Course	Semester Hours

Total Number of Semester Hours Listed: _____ Endorsement Recommended: _____

_____ _____
Nebraska Authorized Certification Officer Completing for NDE Consideration 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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