



SCHOOL SYSTEM VERIFICATION FOR A CAREER EDUCATION PERMIT

Teacher Certification, PO Box 94987, Lincoln, NE 68509
Phone: 402-471-0739, Fax: 402-742-2359
Email: NDE.TCERTWEB@NEBRASKA.GOV

NDE 20-023
Revised 09-16

_____ Printed Name of Applicant

Social Security Number*

Section A

The above named applicant is employed by _____ school system, to teach the following Career Education course(s):

Subject Area/Qualification _____

Applicants can teach only in the school system(s) and endorsement area(s) listed on their Career Education Permit.

NOTE: Career Education courses for high school credit only, are subject to approval by NDE staff prior to issuance of the permit.

Section B The applicant qualifies under one (or more) of the following requirements:

Completion of a prescribed course of study in a career education area at the postsecondary level
Please describe postsecondary program completed.

OR

Completion of an approved apprenticeship program in the career education field
Please describe:

OR

Completion of five years of documented practice (employment)
Detailed work experience, resume must be submitted:

OR

Demonstrated proficiency by passing an industry-approved competency examination in the career education area.
Name of exam/industry certification or licensure:

_____ Authorized District Signature/Title

_____ 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.