



**COURSES REQUIRED FOR COMPLETION
OF AN APPROVED TEACHER OR
ADMINISTRATOR PROGRAM (CRC)
FOR A NEBRASKA PERMIT**

**NDE 20-007
Revised 10-16**

Name _____

Social Security Number* _____

To the Applicant: If you are applying for the **Provisional Teaching or Administrative Permit**: Contact the college Certification Officer to complete this form AND an Institutional Verification Form for the Provisional Administrative Permit.

To the Applicant: If you are applying for the **Transitional Teaching Permit**: Contact the certification officer at the University of Nebraska-Kearney.

To the Certification Officer for the **Provisional Teaching or Administrative Permit**: If the above named applicant has set up an approved program at your institution, complete this form AND the Institutional Verification Form. The approved program area is _____ and at the _____ grade level.

To the Certification Officer for the **Transitional Teaching Permit**: Complete the list of courses the applicant is required to complete for the Transitional Plan leading to the regular teaching certificate. The approved program area is _____ and at the _____ grade level.

Submit this form, the District Agreement Statement, a completed application form, appropriate application fee, official transcripts, fingerprint cards and fee, if required, to the Nebraska Department of Education.

Department

Course Number

Title of Course

Semester Hours

<u>Department</u>	<u>Course Number</u>	<u>Title of Course</u>	<u>Semester Hours</u>

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.