

Courses Required for Completion of an Approved Teacher or Administrator Program (CRC)

NDE 20-007 Revised 10-16

Nebraska Permit Only

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** Institutional Verification Form for the Provisional Administrative Permit, NDE 20-2016. **To the Applicant:** If you are applying for the Transitional Teaching Permit, contact the Certification Officer at an approved educator education preparation program.

To the Certification Officer- Provisional Teaching or Administrative P	vermit: If the above named applic	ant has set up an			
approved program at your institution, complete this form AND the Institution Verification Form, NDE 20-2016. The					
approved area is	at the	grade level.			
To the Certification Officer- 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 _______at the _______grade level.

Submit this form, the District Agreement Statement-NDE 20-001, a completed application form, appropriate application fee, official transcripts, fingerprint cards and fees, if required to the Nebraska Department of Education.

Department	Course Number	Title of Course	Semester Hours
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Signature of Authorized Certification Officer	Date	
Institution Name and Address:		

*This requirement that a certificate or permit applicant provide his/her social security number is contained in Nebr. Rev. Stat. 79-810. The uses that will be made of this number are <u>criminal background check prior to issuance of a certificate and for purposes of data compilation concerning</u> <u>employment of graduates of state approved teacher education programs and employment of certificate permit holders.</u>