



Teacher Certification

PO Box 94987
Lincoln, NE 68509-4987
Ph: 402-471-0739 Fax: 402-742-2359
nde.tcertweb@nebraska.gov
www.education.ne.gov/tcert

Provisional 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 application must complete these additional requirements:

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

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 REQUIREMENTS FOR SUBSEQUENT CERTIFICATION.

Signature of Applicant: _____ Date: _____

To Be Completed by the Superintendent:

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

Signature of Superintendent: _____ Date: _____

*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 criminal background check prior to issuance of a certificate and for purposes of data compilation concerning employment of graduates of state approved teacher education programs and employment of certificate permit holders.