



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

Institutional Verification for Nebraska Educator Certificate or Permit

NDE 20-016
Revised 06-15

Name _____

Social Security Number* _____

To The Applicant: The signature of the authorized college certification officer must appear on the appropriate section of this form. The certification officer is a full-time staff member designed by the head of the education unit of each standard institution.

To The Certificate Officer: Complete the appropriate portion of this form for the applicant named above and verify with your signature.

VERIFICATION OF A *COMPLETED APPROVED PROGRAM*

THE ABOVE-NAMED APPLICANT HAS COMPLETED THE FOLLOWING AT THIS INSTITUTION: (check all that apply)

- Approved Program for Initial Certification
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Fifth Year Program
- Specialists (6th Year Program)
- Program for An Added Endorsement

Teaching:	
_____	Grade Level(s) _____
_____	Grade Level(s) _____
_____	Grade Level(s) _____
Administration:	
_____	Grade Level(s) _____
_____	Grade Level(s) _____
Special Services (Non-Teaching):	
_____	Grade Level(s) _____
_____	Grade Level(s) _____

Signature of Authorized College Certification Officer _____ Date _____

Institution _____ City _____ Date _____

VERIFICATION OF A *RECENT COLLEGE CREDIT HOURS*

The above-named applicant has **completed** within the immediate past five (5) years and to the satisfaction of this institution the following semester hours of college credit.

- At this institution _____ semester hours of credit. Transferred to this institution _____ semester hours of credit. In my professional opinion, these college hours would be appropriate for renewing/issuing a:
- Teaching Certificate **or an** Administrative Certificate **or a** Special Services (non-teaching) certificate.

Signature of Authorized College Certification Officer _____ Date _____

Institution _____ City _____ Date _____

VERIFICATION FOR A *PROVISIONAL ADMINISTRATIVE PERMIT*

This to verify the above-named applicant has received a baccalaureate degree and has completed fifty percent of the approved program for principal or curriculum supervisor or has completed seventy-five percent of the approved program for superintendent at this approved teacher education institution. The school administrative is for _____ at the _____ grade level.

Signature of Authorized College Certification Officer _____ Date _____

Institution _____ City _____ 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.