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 Endorsement Add On

NDE 20-019
Revised 9-16

Regular Nebraska Certificate

Provisional endorsements are valid for three years.
Provisional endorsements ARE NOT renewable.

_____ _____
Name Social Security Number*

To the Applicant: This form must be completed by the certification official at the approved teacher education institution where you are completing your approved program. DO NOT enroll for any courses unless you have secured approval of from the Certification Officer. In addition to this form, submit official transcripts to date, a completed application, and the appropriate fee.

To the Certification Officer: The above named applicant has completed at least 50% of an endorsement program.

The courses listed below are required by the applicant for an additional endorsement in the following areas(s)

_____ and at the _____ grade level.

Department	Course Number	Title of Course	Semester Hours

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 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.