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Provisional Endorsement Add On

Regular Nebraska Certificate

NDE 20-019 Revised 9-16

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.