



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

School System Verification for Career Education Permit

NDE 20-023
Revised 09-16

Name

Social Security Number*

SECTION A

The above name applicant is employed by _____

School system, to teach the following Career Education Courses(s):

Subject Area/Qualification: _____

Applicants can teach only in the school system(s) and endorsement area(s) listed on their Career Education Permit.

NOTE: Career Education courses for high school credit only, are subject to approval by NDE staff prior to issuance of the permit.

SECTION B The applicant qualifies under one (or more) of the following requirements;

Completion of a prescribed course of study in a career education area at the postsecondary level.

Please describe postsecondary program completed:

OR

Completion of an approved apprenticeship program in the career education field.

Please describe:

OR

Completion of five years of documented practice (employment).

Detailed work experience, resume must be submitted.

OR

Demonstrate proficiency by passing an industry-approved competency examination in the career education area. **Name of exam/industry certification or licensure:**

Authorized District Signature/Title

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.