



# Teacher Certification

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

## Verification of Employment Experience

NDE 20-009  
Revised 6-15

For a Nebraska Educator Certificate or Permit

This form is used to verify experience for initial issuance, to renew a certificate, document recency, or meet the basic skills competency test requirement. **A completed application form must also be submitted.**

Please note the difference in the definition of "experience":

- **Experience for issuance of an initial certificate or for renewal of a certificate**, is defined as employment half-time or more (FTE .50), for **one** year. This experience must have been acquired within the last five years while holding or qualifying to hold a regular certificate.
- **Experience required to advance to a Standard, Professional, or Administrative Certificate** is defined as employment, half-time or more (FTE .50), for **two** consecutive years. This experience must have been acquired within the past five years while holding or qualifying to hold a regular certificate.
- **Experience required to meet the basic skills competency requirement** is defined as employment, half-time or more (FTE .50), for **two** consecutive years in an approved or accredited school while holding a valid certificate issued by that state. The certificate must have been issued on the basis of completion of an approved teacher education program.

Social Security Number\* \_\_\_\_\_

Name

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Position/Assignment/Grade

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Position/Assignment/Grade

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Position/Assignment/Grade

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Year

\_\_\_\_\_  
\*\*Signature of Superintendent or Board Member

\_\_\_\_\_  
Date

Official Title: \_\_\_\_\_

\*\*If experience was obtained in a non-public school, the signature of the area or diocesan superintendent is required.

\_\_\_\_\_  
\*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.