Page 1 of 3		FOR A NEBRASI				NDE20-003 Revised 1-2023					
						Lincoln, NE 68509-4987 ■					
Phone: (402) 471-0739 ■ Fax: (402) 471-0117 ■ www.education.ne.gov/tcert ■ nde.tcertweb@nebraska.gov PERSONAL INFORMATION											
Social Security	Number*	Birth Date :									
Social Security Number*:						- D D - Y Y Y Y					
Name:											
Name.	Last	First	Mid	dle	Former Name (5)					
Address:						,					
7.001033.	Street or Box Num	ber Ci	ity	State	(ip Code (9 Digit)						
Daytime Phone	e: ()		Hon	ne Phone:	()						
Email Address:				-		1					
Email Address.		Fax () Number:									
Gender: 🛚 M	ale 🗖 Female 🗖 U	ndeclared									
<u>FIRST TIME AI</u> OR	<u>PPLICANT</u>	(Mark one in	each colum	n below)							
OK		□ Teaching	encies								
lacksquare		AdministratiSpecial Serv		Alternative Program Permit (deficiencies)Nebraska Entry Permit							
·		■ special serv	vices	□ Substitut							
RENEWAL		(Mark one in each column below)									
OR		(**************************************		,							
OK		□ Teaching		□ Certifica	te with no defici	encies					
\downarrow		□ Administrative□ Alternative Program Permit□ Special Services□ Substitute Permit									
Ť		■ special serv	rices	300311101	e remiii						
		(Mark one bel	ow)								
<u>OTHER</u>		☐ Military Permit									
		☐ Special Services Coaching Permit									
		□ Postsecond□ Career Edu		t							
		Duplicate (no charge)									
Added EndorsementName Change (no charge)											
		a Name chai	rige (no chai	90)							
		AC	CADEMIC REC	ORD							
List Colle	ges/Universities attend										
	If additional space is n	eeded, please use	a separate pi		indicating colleges er Hours	attended.					
College/University					Completed Degree Earned						
						_					
ENDORSEMENTS (5											
Areas completed for a teacher, administrator or special services program: (Example: Math 6-12)											
		_									
*T1	a La casa de C				and the National Control	70.010					
ine requirement th	at a certificate or permit ap	olicant provide his/hei	r social security r	iumper is contaii	nea in Neb. Kev. Stat.	/Y-81U.					

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Name:	Social Security Number*:
	FINICED DOLLAR DECLURATION DECLURATION DE CONTRACTOR DE CO
FOLISON STATE	FINGERPRINTING REQUIREMENT
☑CHECK ONLY ON	
educator cert	rom the criminal record history check because I now hold, or at some time in the past did hold, a Nebraska ificate or permit. (If you checked this box proceed to Personal and Professional Fitness Section.)
the Record of dated. I have demonstrates application fo "Resident' present at C. I have not live Department of fingerprint car	d a Nebraska certificate or permit so I am submitting a record of my residences during the past five years on Residence Form in the forms section of the Applicant Manual or on a separate sheet of paper signed and included the dates of residence (from month/year to month/year) with each address. Since the record that I have been a continuous "resident" of Nebraska for five (5) or more years from the filing date of my rm with the Nebraska Department of Education, I am exempt from the criminal record history check. "shall mean an individual who has established a home where the individual is habitually and to which having departed therefrom, intends to return. 92NAC21S002.24 and in Nebraska continuously for the five (5) years immediately prior to filing this application with the Nebraska of Education; therefore, I am submitting two (2) complete and legible sets of my fingerprints on two (2) as provided by the Nebraska Department of Education. I am also submitting the fingerprint processing fee in y certification processing fee.
	PERSONAL AND PROFESSIONAL FITNESS
profession suspe	and a professional license, certificate, permit, credential, or other document authorizing the practice of a maded, revoked, voided, denied, rejected, or voluntarily surrendered? ———————————————————————————————————
governmental be	y the subject of any inquiry or investigation by any law enforcement agency, prosecutor's office, ody, or licensing agency? — YES — NO — a written statement that fully explains the facts and where this is occurring.
3. Is any action cur licensing agency?	rrently pending against you by any law enforcement agency, prosecutor's office, governmental body, or YES NO
4. Have you ever be misdemeanor in the Influence or If yes, comp	n a written statement that fully explains the facts and where this is occurring. seen found guilty of a felony or misdemeanor or entered a plea of guilty or no contest to a felony or any criminal, drug, or juvenile court? Minor traffic infractions and misdemeanor convictions for Driving Under Minor in Possession of Alcohol need not be reported. □ YES □ NO lete Criminal Charges Self-Reporting Form. This form can be found on the supporting forms page of the tification website at www.education.ne.gov/TCERT/
following: a men insanity; an incap deficiency, chro	termination currently in effect by a court or any other governmental body which finds you to be any of the tally ill and dangerous person; mentally incompetent to stand trial; acquitted of criminal charges because of pacitated person in need of a guardian; or unable to manage your property due to mental illness, mental nic use of drugs or chronic intoxication? ———————————————————————————————————
professional?	y an inpatient or resident in a mental health facility due to a determination by a qualified mental health YES NO e attach a written statement that fully explains the facts and where this is occurring
	zen? Teacher Certification website at www.education.ne.gov/TCERT/
	DECLARATION, AUTHORIZATION AND SIGNATURE
permission and auth Education to verify or other facility that board of mental he records maintained criminal charges or hereby release, disc information from an understand that an will be considered of application denial of for, being considered	formation furnished herein is true, correct, and complete to the best of my knowledge. I hereby grant the norize the release of any information that would otherwise be confidential to the Nebraska Department of all responses contained herein, including but not limited to verification with any mental health facility, hospital provides psychiatric or professional mental health services, including records from any commitment by any alth or other agency authorized by law to order mental health commitment, or governmental agency and by any criminal justice agency, including a criminal history record information check, regarding any of my convictions, and to contact previous employers for information regarding the term of my employment. I charge, and exonerate the Nebraska Department of Education, its employees, and any person so furnishing y and all liability of every nature and kind arising out of the furnishing of such records and information. I y material submitted in connection with this application will become the property of the State of Nebraska, a public record and will not be returned. I further understand that application status information, including and underlying reason for a denial may be provided to personnel of any school district where I have applied and for employment or are currently employed by. I understand that inaccurate information submitted in cation shall be cause for denial or revocation of such certificate or permit.
Delta	, 20
Date	Signature of Applicant

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Name:	Social Security Number*					
EXPERIENCE AS			ESSIONAL DURIN ut-of-state certific	G THE PAST FIVE YEA	\RS	
School Years - From/To School S		ystem Name And Location		Job Description		
		NON-REFU	NDABLE FEES			
		☑ CHECK	ONLY ONE			
All School Certificate or Permit (valid in public and nonpublic scho		\$75.00	All School Certificate or Permit plus Fingerprint Fee (valid in public and nonpublic schools		chools)	\$125.00
Nonpublic School Certificate or Permit (valid in nonpublic schools ONLY)		\$55.00	Nonpublic School Certificate or Permit plus Fingerprint Fee		\$105.00	
Added Endorsement		\$55.00				
Added Endorsement plus Renewal for All School Certificate		\$75.00	Duplicate or Name Change		No Charge	
Added Endorsement plus Renewal for Nonpublic School		\$55.00				
The Nebraska Department of Econ-line. Payment on-line will e	-		•	ete the application	and pay	all fees
If a check or money order is mailer to:	d, please send	EDUCAT P O BOX	KA DEPARTMENT OF CERTIFICATION X 94987 N NE 68509-4987			

DISCLAIMER

The Nebraska Teacher Certification Office does not communicate with applicants after receiving individual pieces of the required application materials; however, you may be contacted if all materials have not been received in a timely manner. It is the applicant's responsibility to check with educational agencies to guarantee that transcripts, institutional verifications, Praxis scores, agreement statements and other necessary materials have been sent to the Teacher Certification Office. It is the applicant's responsibility to submit two sets of legible fingerprint cards or complete the Record of Residence form. Any fingerprints submitted by an applicant will be used to check the criminal history records of the Federal Bureau of Investigations (FBI). Applicants wanting to obtain a change, correction, or updating of an FBI identification record may follow the procedures as set forth in 28 CFR 16.34. All Nebraska educational certified personnel in public or non-public schools must have a valid certificate or permit by September 1st of the current school year. Failure to complete the process is not a valid reason for maintaining your employment after September 1st.

CANDIDATE APPLICATION STATUS

Applicants can check the status of their application by logging on to TEACH their dashboard at https://teach.education.ne.gov.

Please read and understand your application before submitting, as application fees are non-refundable.