



ALTERNATIVE PROGRAM PERMIT

Name _____ Social Security Number* _____

Employing District: _____

School District Contact: _____

To the Certification Officer: After reviewing the applicant's submitted documents, please recommend coursework that would lead this person to gain a regular Nebraska certificate once that work is completed. Recommendations will be used by the Nebraska Department of Education to format an applicant's deficiency plan. The approved program area is _____ and at the _____ grade level.

This applicant also has the following Nebraska requirements to complete before they may apply for their regular teaching certificate. Check all that apply.

Human Relations Training Special Education Training Content Test

Course Number	Title of Course	Semester Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of Semester Hours listed _____

Signature of Certification Officer _____ Date _____

Institution Name and Address: _____

* The requirement that a certificate or permit applicant provide his/her social security number is contained in Neb. Rev. Stat. 79-810. The uses that will be made of this number are criminal background checks prior to issuance of a certificate and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate or permit holders.