Application for a Nebraska Educator Certificate or Permit

Educator Certification · Nebraska Department of Education · 500 South 84th St · P.O. Box 94987 · 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 _____
MM- DD- YYYY

Name: _____
Last First Middle Former Name (s)

Address _____
Street or Box Number City State Zip Code (9 Digit)

Cell Phone _____ Other Phone _____

Personal Email _____ School Email _____

Gender ☐ Male ☐ Female ☐ Undeclared

Mark one

☐ Teaching ☐ Administrative ☐ Special Services

Mark one:

☐ Initial Certificate	☐ Standard Certificate	☐ Professional Certificate
☐ Alternative Permit	☐ Postsecondary Permit	☐ Military Permit
☐ Career Ed Permit	☐ Temporary Certificate	☐ Alternative Certificate
☐ State Substitute Permit	☐ Local Substitute Permit	☐ Para Substitute Permit
☐ Coaching Permit	☐ Provisional Special Services Permit	

If you are unsure which to choose, please contact our office

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

Name _____ Social Security Number* _____

Academic Record

List Colleges/Universities attended. **Please have your college submit official transcripts of all credit earned not currently on file.** For more, check out the transcripts section of our website.

College/University	Month/Year	Semester Hours Completed	Degree Earned

Endorsements

Areas completed for a teacher, administrator or special services program: (example: Math 6-12) **If this does not apply or you are unsure, please leave blank.**

Endorsement	Grade Level	Institution Earned

Fingerprinting Requirement

Check only one:

A. □ I am exempt from the criminal record history check because I now hold, or at some time in the past did hold, a Nebraska educator certificate or permit.

B. □ I have not held a Nebraska certificate or permit so I am submitting a record of my residences during the past five years on the Record of Residence Form in the forms section of the Applicant Manual or on a separate sheet of paper signed and dated. I have included the dates of residence (from month/year to month/year) with each address. Since the record demonstrates that I have been a continuous "resident" of Nebraska for five (5) or more years from the filing date of my application form with the Nebraska Department of Education, I am exempt from the criminal record history check.

"Resident" shall mean an individual who has established a home where the individual is habitually present and to which having departed therefrom, intends to return. 92 NAC 21 S002.23

C. □ I have not lived in Nebraska continuously for the five (5) years immediately prior to filing this application with the Nebraska Department of Education; therefore, I am submitting two (2) complete and legible sets of my fingerprints on two (2) fingerprint cards provided by the Nebraska Department of Education. I am also submitting the fingerprint processing fee in addition to any certification processing fee.

Personal and Professional Fitness

NDE 20-018
Revised 04-2024

Printed Name of Applicant

Social Security Number*

1. Have you ever had a professional license, certificate, permit, credential, or other document authorizing the practice of a profession suspended, revoked, voided, denied, rejected, or voluntarily surrendered?
   ☐ Yes ☐ No
   If yes, attach a written statement that fully explains the facts and where this occurred.
2. Are you currently the subject of any inquiry or investigation by any law enforcement agency, prosecutor's office, governmental body, or licensing agency?
   ☐ Yes ☐ No
   If yes, attach a written statement that fully explains the facts and where this occurred.
3. Is any action currently pending against you by any law enforcement agency, prosecutor's office, governmental body, or licensing agency?
   ☐ Yes ☐ No
   If yes, attach a written statement that fully explains the facts and where this occurred.
4. Have you ever been found guilty of a felony or misdemeanor or entered a plea of guilty or no contest to a felony or misdemeanor in any criminal, drug, or juvenile court? Minor traffic infractions and misdemeanor convictions for Driving under the Influence or Minor in Possession of Alcohol need not be reported.
   ☐ Yes ☐ No
   If yes, complete Criminal Charges form found on our website under supporting forms
5. Is an order or determination currently in effect by a court or any other government body which finds you to be any of the following: a mentally ill and dangerous person; mentally incompetent to stand trial; acquitted of criminal charges because of insanity; an incapacitated person in need of a guardian; or unable to manager your property due to mental illness, mental deficiency, chronic use of drugs or chronic intoxication?
   ☐ Yes ☐ No
   If yes, attach a copy of the order and a written statement that fully explains the facts and where this occurred.
6. Are you currently an inpatient or resident in a mental health facility due to a determination by a qualified mental health professional?
   ☐ Yes ☐ No
   If yes, attach a written statement that fully explains the facts and where this occurred.
7. Are you a US citizen?
   ☐ Yes ☐ No
   If no, complete the United States Citizenship Attestation Form found on our website under supporting forms.

Declaration, Authorization and Signature

I declare that the information furnished herein is true, correct, and complete to the best of my knowledge. I hereby grant the permission and authorize the Nebraska Department of Education to verify all responses with any mental health facility or governmental agency and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges or convictions, to verify my lawful presence in the United States, and to contact previous employers for information regarding the term of my employment. I hereby release, discharge, and exonerate the Nebraska Department of Education, its employees, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of the State of Nebraska, will be considered a public record and will not be returned. I understand that inaccurate information submitted in support of an application shall be cause for denial or revocation of such certificate and may result in criminal prosecution.

Dated this _____ day of _____ , 20____

Signature of Applicant

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Name _____ Social Security Number* _____

Experience as a Professional during the Past 5 Years

Choose one that applies:

- ☐ I have in-state experience within the last 5 years that should already be on file at NDE because it is a Nebraska Accredited School District.
- ☐ I have out-of-state experience and will have my last district fill out the form that is found under supporting forms on the website and send it in along with my out-of-state teaching certificate.
- ☐ I do not have recent experience, or this is my first time obtaining my certificate.

Non-Refundable Fees

Choose one that applies:

All School Certificate/Permit	$65	☐	All School Certificate/Permit plus Fingerprint Fee	$125	☐
Added Endorsement Only	$55	☐	Duplicate or Name change	No Charge	☐
Added Endorsement Plus Renewal	$65	☐			