



# Alternative Program Permit Teacher/Administrator Renewal

NDE 20-070  
Revised 04-2026

\_\_\_\_\_  
Printed Name of Applicant

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

**To School Leader:** Please work with the Above-Named applicant to determine what path they will use to renew.

**The Above-Named applicant is applying to renew the following (Choose One):**

TEACHING CERTIFICATE

ADMINISTRATIVE CERTIFICATE

**The Above-Named applicant is completing the following (Choose One):**

6 credit hours in education or educational leadership

90 hours of equivalent professional development as defined in Rule 21, section 002.15

a combination of credit hours and equivalent professional development as defined in Rule 21, section 002.15.

\_\_\_\_\_  
Signature of Authorized School System Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
School System

\*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.