



# Institutional Verification Form

NDE 20-016  
Revised 06-2025

Printed Name of Applicant

Social Security Number\*

**To the applicant:** The **signature of the authorized college certification officer must appear on the appropriate section of this form.** The certification officer is a full-time staff member designated by the head of the education unit of each institution.

**To the Certification Officer:** Complete the appropriate portion of this form for the applicant named above and verify with your signature.

## Verification of a **COMPLETED APPROVED PROGRAM**

**The Above-Named applicant has completed the following degree at this institution: (Choose One)**

- ☐ Non-Degree Program
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ MAT Degree
- ☐ Specialist (6<sup>th</sup> year program)
- ☐ Doctorate Degree

**I am approving the Above-Named applicant for the following: (Choose One)**

- ☐ Approved program for Initial Teaching Certification
- ☐ Approved program for Administrative Certification
- ☐ Approved program for Added Endorsement

**The Program prepared the applicant for the following endorsements:**

Teaching	Grade Level(s)	Date Completed
	Grade Level(s)	Date Completed
	Grade Level(s)	Date Completed
Administration	Grade Level(s)	Date Completed
	Grade Level(s)	Date Completed

Signature of Authorized Certification Officer

Date

Institution

City

State/Country

\*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.