

APPLICATION FOR A NEBRASKA EDUCATOR CERTIFICATE

Teacher Certification ■ Nebraska Department of Education ■ 301 Centennial Mall South ■ P.O. Box 94987
Lincoln, Nebraska 68509-4987 ■ Telephone: (402) 471-0739 ■ Fax: (402) 471-9735 ■ Email: tcertweb@nde.state.ne.us

PERSONAL INFORMATION

Social Security Number*: _____ Birth Date : _____
M M / D D / Y Y Y Y

Name: _____
Last First Middle Former Name(s)

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

Daytime Phone: (____) _____ Home Phone: (____) _____

Email Address: _____ Fax Number: (____) _____

Gender: Male Female Undeclared Race/Ethnicity: White/Not Hispanic Hispanic Asian or Pacific Islander
 Black/Not Hispanic North Amer. Indian or Alaska Native Undeclared

PURPOSE OF APPLICATION

<input checked="" type="checkbox"/> CHECK ONLY ONE	<input type="checkbox"/> First Time Nebraska Applicant	<input type="checkbox"/> Renewal	<input type="checkbox"/> Changing Certificate Type
	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Added endorsement plus Renewal	<input type="checkbox"/> Added endorsement
<input checked="" type="checkbox"/> CHECK ONLY ONE	<input type="checkbox"/> Teaching Certificate	<input type="checkbox"/> Administrative Certificate	<input type="checkbox"/> Special Services Certificate <small>(non-teaching)</small>
<input checked="" type="checkbox"/> CHECK ONLY ONE	<input type="checkbox"/> Regular	<input type="checkbox"/> State Substitute	<input type="checkbox"/> Local Substitute
Type of Certificate:	<input type="checkbox"/> Temporary (deficiencies)	<input type="checkbox"/> Provisional (deficiencies)	<input type="checkbox"/> Transitional Teaching

ACADEMIC RECORD

LIST THE INSTITUTIONS YOU HAVE ATTENDED AND SUBMIT OFFICIAL TRANSCRIPTS OF ALL COLLEGE CREDITS NOT CURRENTLY ON FILE AT THE NEBRASKA DEPARTMENT OF EDUCATION - TEACHER CERTIFICATION OFFICE. (If all college credit hours are currently on file indicate "on file".)

If additional space is needed, please use a separate piece of paper indicating colleges attended or experience.

INSTITUTION	MONTH & YEAR	HOURS TOTAL COMPLETED	DEGREE EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST THE AREA(S) FOR WHICH YOU HAVE BEEN PREPARED TO TEACH, ADMINISTER OR PROVIDE A SERVICE IN AN ELEMENTARY OR SECONDARY SCHOOL SETTING.

_____ Grade Level(s) _____ Grade Level(s) _____

_____ Grade Level(s) _____ Grade Level(s) _____

TEACHING AND ADMINISTRATIVE EXPERIENCE IN THE PAST FIVE YEARS

Send all copies of all out-of-state certificates coinciding with experience listed below.

NO. OF YEARS	SCHOOL SYSTEM NAME	CITY AND STATE	FROM / TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*The requirement that a certificate 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 holders.

Name: _____ Social Security Number: _____

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. **(If you checked this box proceed to Personal and Professional Fitness Section.)**
- B. I have not held a Nebraska certificate 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.
92NAC21S002.18
- 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

- 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 is occurring.
- 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 is occurring.
- 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 Self-Reporting Form. This form can be found in the forms section of the Applicant Manual or downloaded from the NDE website at www.nde.state.ne.us click on Teacher Certification.
- 5. Is an order or determination currently in effect by a court or any other governmental 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 manage 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, please attach a written statement that fully explains the facts and where this is occurring.
- 7. Are you a US citizen?
 YES NO
If no, complete the United States Citizenship Attestation Form.

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_____

Name: _____ Social Security Number: _____

NON-REFUNDABLE FEES

Enclose only ONE fee

CHECK ONLY ONE

All School Certificate \$55.00
(valid in public and nonpublic schools)

All School Certificate plus Fingerprint Fee \$105.00

Nonpublic School Certificate \$40.00
(valid in nonpublic schools ONLY)

Nonpublic School Certificate plus
Fingerprint Fee \$90.00

Added Endorsement..... \$40.00

Duplicate..... \$30.00

Added Endorsement plus
Renewal for All School Certificate \$55.00

Added Endorsement plus
Renewal for Nonpublic School \$40.00

NAME CHANGE DOES NOT REQUIRE A FEE

MAKE CHECKS OR MONEY ORDERS (no cash please) payable to:
Nebraska Department of Education (NDE).

Print and mail to:

**TEACHER CERTIFICATION
P O BOX 94987
LINCOLN NE 68509-4987**

The definition of an application is completion of an appropriate form, either on-line or a paper copy, and receipt of the appropriate non-refundable application fee.

Timely applications are encouraged.