



NEBRASKA DEPARTMENT OF EDUCATION

Roger D. Breed, Ed.D., Commissioner
Scott Swisher, Ed.D., Deputy Commissioner

301 Centennial Mall South ■ P.O. Box 94987 ■ Lincoln, Nebraska 68509-4987
Telephone: 402-471-2295 (Voice/TDD) ■ Fax: 402-471-0117
<http://www.nde.state.ne.us/>

To: Nebraska Superintendents and Head Administrators

RE: Conditional Permit Form Procedure

Under 92 NAC 21, a conditional permit may be issued to an applicant authorizing the individual to teach at the earliest opportunity while their application for a certificate is being processed by the Department. Section 008.01B of NAC 21 requires the head administrator of the school to verify, in writing, specific information regarding the applicant before a conditional permit can be issued. The verification, written on school letterhead, may be faxed to 402-471-9735. The candidate's file will be checked and if approved, the Conditional permit will be issued in 2-3 business days. A letter identifying specific deficiencies will be mailed along with the permit. Upon submission of the additional required information, the Commissioner will determine if the documents submitted are sufficient to meet standards for a regular certificate to be issued. If the applicant does not submit the requested information, as required by the terms of the Conditional permit, or the information provided does not meet statute requirements, the applicant will be notified of a denial of their regular certificate application. Either way the conditional permit will be void on the date of notification. The Department of Education has by statute up to one year to process a decision on a conditional permit.

MODEL FORM

SCHOOL LETTERHEAD

DATE

CERTIFICATION OFFICE ADDRESS

CANDIDATE NAME

CANDIDATE SS #

CANDIDATE'S NEW OR CURRENT ADDRESS(used to mail certificate to the proper location)

I have verified the background of this candidate and request that a **30 day conditional permit** is issued by the Commissioner. I am satisfied that documents relating to education, past employment and criminal history submitted to the Department of Education for certification purposes are true and accurate. Our school district has employed the candidate for the position of _____ (MATH teacher 7-12, example) reporting to service on _____ (date).

Please fax your request to the NDE Teacher Certification office at (402-471-9735) signed by the Superintendent or Head Administrator.

Please include your e-mail address in the fax so that our analysts can reply back in a timely fashion the results of your request.

Sincerely,
Superintendent or Head Administrator

State Board of Education

Kandy Imes President District 7 1850 20 th Street Gering, NE 69341	Jim Scheer Vice President District 3 P.O. Box 16 Norfolk, NE 68702	Robert Evnen District 1 301 South 13th Street Suite 500 Lincoln, NE 68508	Mark Quandahl District 2 4885 South 118 th St. Suite 100 Omaha, NE 68137	Rebecca Valdez District 4 3922 South 23 rd Street Omaha, NE 68107	Patricia H. Timm District 5 1020 North 21 st Street Beatrice, NE 68310	Fred Meyer District 6 1580 Highway 281 St. Paul, NE 68873	Joe Higgins District 8 5067 South 107 th Street Omaha, NE 68127
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