Teacher Certification

PO Box 94987
Lincoln, NE 68509-4987
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nde.tcertweb@nebraska.gov
www.education.ne.gov/tcert

Alternative Program Teaching Permit

NDE 20-070
Revised 10-16

Name _____ Social Security Number* _____

Employment District

Endorsement Area Requested

District Contact

To the Nebraska Certification Officer: After reviewing the applicant's submitted documents, recommend coursework that would lead this person to gain a regular Nebraska certificate once that coursework is completed. Recommendation will be used by NDE to format an applicant's deficiency plan.

This applicant also has the following Nebraska requirements to complete before they may apply for a regular teaching certificate. Check all that apply.

Human Relations ☐ CORE ☐ SPED ☐ Content Text ☐

Department	Course Number	Title of Course	Semester Hours
		Total Semester Hours Listed	

_____ _____
Nebraska Authorized Certification Officer Completing for NDE Consideration Date

Institution Name and Address: _____

_____

_____

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