

PERSONAL INFORMATION

Social Security Number*: _____ Birth Date : _____
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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

FIRST TIME APPLICANT

(Mark one in each column below)

OR



- Teaching
- Administrative
- Special Services
- Certificate with no deficiencies
- Provisional Permit (deficiencies)
- Transitional Permit
- State Substitute Permit

RENEWAL

(Mark one in each column below)

OR



- Teaching
- Administrative
- Special Services
- Certificate with no deficiencies
- Transitional Permit
- State Substitute Permit

OTHER

(Mark one below)

- Alternative Program Teaching Permit
- Military Permit
- Local Substitute Permit
- Special Services Coaching Permit
- Postsecondary Permit
- Career Education Permit
- Duplicate
- Added Endorsement
- Name Change **(No charge)**

ACADEMIC RECORD

List Colleges/Universities attended. Submit "Official Transcripts" of all college credit not currently on file at NDE.
 If additional space is needed, please use a separate piece of paper indicating colleges attended.

College/University	Month/Year	Semester Hours Completed	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENDORSEMENTS

Areas completed for a teacher, administrator or special services program: (Example: Math 7-12)

*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 or permit and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate and permit 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 or permit. (If you checked this box proceed to Personal and Professional Fitness Section.)
- B. I have not held a Nebraska certificate or permit 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 on the supporting forms page of the Teacher Certification website at www.education.ne.gov/TCERT/
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 N
If no, complete the United States Citizenship Attestation Form. This form can be found on the supporting forms page of the Teacher Certification website at www.education.ne.gov/TCERT/

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, 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 or permit.

Date _____, 20 _____

Signature of Applicant _____

Name: _____

Social Security
Number* _____**EXPERIENCE AS AN EDUCATION PROFESSIONAL DURING THE PAST FIVE YEARS****Send copies of ALL out-of-state certificates**

School Years - From/To

School System Name And Location

Job Description

NON-REFUNDABLE FEES **CHECK ONLY ONE**

All School Certificate or Permit (valid in public and nonpublic schools)	<input type="checkbox"/>	\$55.00	All School Certificate or Permit plus Fingerprint Fee (valid in public and nonpublic schools)	<input type="checkbox"/>	\$105.00
Nonpublic School Certificate or Permit (valid in nonpublic schools ONLY)	<input type="checkbox"/>	\$40.00	Nonpublic School Certificate or Permit plus Fingerprint Fee (valid in nonpublic schools ONLY)	<input type="checkbox"/>	\$90.00
Added Endorsement	<input type="checkbox"/>	\$40.00			
Added Endorsement plus Renewal for All School Certificate	<input type="checkbox"/>	\$55.00	Duplicate	<input type="checkbox"/>	\$30.00
Added Endorsement plus Renewal for Nonpublic School	<input type="checkbox"/>	\$40.00			

NAME CHANGE DOES NOT REQUIRE A FEE

The Nebraska Department of Education prefers that applicants complete the application and pay all fees on-line. Issuance of the certificate or permit will generally take six to eight weeks. Payment on-line will expedite the application process.

If a check or money order is mailed, please send to:

**NEBRASKA DEPARTMENT OF EDUCATION
TEACHER CERTIFICATION
P O BOX 94987
LINCOLN NE 68509-4987**

DISCLAIMER

The Nebraska Teacher Certification Office does not communicate with applicants after receiving individual pieces of the required application materials; however, you may be contacted if all materials have not been received in a timely manner. It is the applicant's responsibility to check with educational agencies to guarantee that transcripts, institutional verifications, Praxis scores, agreement statements and other necessary materials have been sent to the Teacher Certification Office. It is the applicant's responsibility to submit two sets of legible fingerprint cards or complete the Record of Residence form. Any fingerprints submitted by an applicant will be used to check the criminal history records of the Federal Bureau of Investigations (FBI). Applicants wanting to obtain a change, correction, or updating of an FBI identification record may follow the procedures as set forth in 28 CFR 16.34. All Nebraska educational certified personnel in public or non-public schools must have a valid certificate or permit by September 1st of the current school year. Failure to complete the process is not a valid reason for maintaining your employment after September 1st.

CANDIDATE APPLICATION STATUS

Applicants can check the status of their application by going on line at www.education.ne.gov/tcert and clicking "Current Application Status". If it no longer appears, click "Current Certificates and HR Training Lookup" on the TC website to see your new certificate.

Please read and understand your application before submitting, as application fees are non-refundable.