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www.education.ne.gov/tcert

## Affirmation of Eligibility Provisional Special Education Endorsement

NDE 20-020 Revised 6-15

This form must be submitted with a completed Application for a Nebraska Educator Certificate, the appropriate fee, and other required documents.

EMPLOYMENT IS REQUIRED IN A NEBRASKA SCHOOL TO SUBMIT THIS FORM. Valid for 3 years.

Na	me Social Security Number*
То	be completed by the Superintendent:
tha hin	s Superintendent of the Schools, affirm at this school system has employed the person named above for the 20 to 20 school year and intend to assign n/her to a teaching position required a special education endorsement. I request the issuance of a Provisional Special acation Endorsement, which is valid for three years.
 Sign	nature of Superintendent Date
То	be completed by Applicant: I affirm by my signature that:
1.	I have completed at least six (6) semester hours in special education at a state approved teacher education institution (name of institution) The title of the courses completed are:
	verified by the attached transcript.
2.	I have established an approved program at a state approved teacher education institution  (name of institution) that will lead to the  following special education endorsement (name of endorsement) at the grade level.
3.	I have requested the Certification Office at the approved teacher education institution to submit the appropriate form to the Nebraska Department of Education Teacher Certification Office verifying the establishment of the approved program in special education.
4.	I agree to complete at least nine (9) semester hours of approved coursework before the August 31 deadline for which this endorsement is valid. I understand that my Provisional Special Education Endorsement shall not be renewed if I fail to complete this requirement.
	nature of Applicant Date

SIGNATURE MUST BE THE SAME AS ON THE APPLICATION FORM A NEBRASKA CERTIFICATION.