



Added Provisional Endorsement To a Regular Nebraska Certificate

NDE 20-019
Revised 04-2024

Printed Name of Applicant

Social Security Number*

To the applicant: This form must be completed by the certification official at the approved teacher education institution where you are completed your approved program. **Do not** enroll for any courses unless you have secured the approval of the Certification Officer. In addition to this form, submit official transcripts towards endorsement, a completed application and the appropriate fee.

To the Certification Officer: Please check one

- The above-named applicant has completed **at least 50% of an endorsement program** (valid for 3 years and cannot be renewed.)
- The above-named applicant has established a **special education endorsement program** (valid for 1 year and can be renewed up to 2 times).

The **courses listed below** are required by the applicant for an additional endorsement in the following area(s) _____ and at the _____ grade level.

Course Number	Title of Course	Semester Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Authorized Certification Officer

Date

Institution Name and Address _____

*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 and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate or permit holders.