

holders.

Affirmation of Eligibility Provisional Special Education Endorsement

NDE 20-020 Revised 06-15

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.

Printed Name of Applica	nt	Social Security Number*	
To be completed I	by the Superintendent:		
l, as Superintendei	nt of the		
		oyed the person named above for th	ne
		o assign him/her to a teaching position	
	•	issuance of a Provisional Special Ed	
•	ch is valid for three years.	•	
Signature of Superintende	ent	Date	
To be completed I	ov Applicant:		
affirm by my sign			
aniin by my sign	Jiole Iriai.		
		rs in special education at a state approv	
education ins	titution (name of institution)		·
me ille oi me	e courses completed are	and is verified by the attache	d transcript
(name of insti special educe	tution) ation endorsement (name of end	that will lead to the dorsement) at the grade gr	ne following ade level.
submit the ap Office, verifyir	propriate form to the Nebraska Ing the establishment of the appr	ne approved teacher education institution Department of Education Teacher Certification Toved program in special education.	fication
31st deadline		hours of approved coursework before the lid. I understand that my Provisional Specto complete this requirement.	
		Date	
Signature of Applicant**	e as on the Application for a Nebraska Certifica		