



Personal and Professional Fitness

NDE 20-018
Revised 04-2024

Printed Name of Applicant _____

Social Security Number* _____

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 occurred.

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 occurred.

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](#).

5. Is an order or determination currently in effect by a court or any other government 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 manager 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, attach a written statement that fully explains the facts and where this occurred.

7. Are you a US citizen?
 Yes No

If no, complete the [United States Citizenship Attestation Form](#).

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, to verify my lawful presence in the United States, 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 and may result in criminal prosecution.

Dated this _____ day of _____, 20_____

Signature of Applicant

*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.