



Agreement Statement for an Alternative Program Teaching Permit (Pathway 5)

Permit is valid only in the Nebraska School System requesting issuance.

Agreement Statement of Superintendent or Governing Board of School System

The school system intends to employ (Name) _____ (SS#) _____

Name and Address of School System: _____

** Signature of Superintendent or Authorized Representative

Date

Agreement Statement of Applicant

I understand that I must complete, at an approved teacher preparation program, at least 15 semester hours every 2 years towards the completion of the Alternative Program Teaching Permit. In addition, I have agreed to meet the conditions set forth in the contract for participation which is on file at the recommending teacher training institution.

Signature of Applicant

Date

Agreement Statement of Certification Officer

The following documentation is on file at the recommending teacher training institution for the above applicant.

To be completed for the first issuance of the Alternative Program Teaching Permit

To be completed for renewal of the Alternative Program Teaching Permit

Written plan for mentoring and supervision

Transcript Review

Fifteen (15) semester hours for renewal

Alternative Plan

Annual Update of plan for mentoring and supervision

Completion of Pre-Teaching Seminar

Signed Contract for Participation

Signature of Certification Officer

Date

*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.

**If employed in a non-public school, the signature of the area or diocesan superintendent is required.