

15-Hour Certificate Renewal Application

Personal Information:

Name	SS#
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Address _____
 Street Address _____ City _____ State _____ Zip _____

Phone _____ (Office, Home, Cell)

Email

Certificate Information:

Date of last certificate issued State where issued Expiration date

Recommending institution for initial certificate _____

Endorsement(s) on the certificate

Have you ever held a Nebraska certificate? ☐ No ☐ Yes Please provide the name on the certificate exactly as it appears (i.e. full given name, maiden name) _____

Please list other states (if any) in which you have been certified

Have you ever had a certificate revoked/denied? ____ No ____ Yes (If yes, please attach an explanation)

Employment History (Contracted Pk-12 Teaching Experience only):

School District	Location
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Date(s)	Teaching Responsibilities

School District	Location
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Date(s)	Teaching Responsibilities

Meeting the 15-Hour Renewal Requirements:

Have you been approved by NDE for having completed Human Relations Training? ☐ yes ☐ no

Have you completed at least one Special Education course during your academic preparation? ☐ yes ☐ no

Any criminal (misdemeanor or felony) activity that needs to be reported? yes no

→ Please attach a completed Personal and Professional Fitness form to this application.

Any additional information related to re-certifying that you believe WSC needs to know?

Signature

Date _____