



Education Specialist Program  
CERTIFICATION OF CRIMINAL AND PROFESSIONAL PRACTICES HISTORY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLEASE CHECK THE BOXES IN EACH SECTION THAT ACCURATELY REFLECT YOUR STATUS AS AN EDUCATOR:

YES  NO I HAVE A HISTORY THAT INCLUDES CRIMINAL CONVICTIONS.  
IF YES, PLEASE IDENTIFY THE CONVICTION, THE DATE(S), AND THE ADJUDICATION:

YES  NO I HAVE A HISTORY OF VIOLATIONS OF THE CODE OF ETHICS OF THE PROFESSIONAL PRACTICES COMMISSION.  
IF YES, PLEASE IDENTIFY THE VIOLATION(S), DATES AND THE DISPOSITION:

YES  NO I HAVE A CURRENT AND VALID TEACHING/ADMINISTRATIVE CERTIFICATION IN THE STATE OF NEBRASKA.  
IF NO, ARE YOU ELIGIBLE FOR A TEACHING/ADMINISTRATIVE CERTIFICATE IN THE STATE OF NEBRASKA?  YES  NO

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE