

**EDUCATOR PREPARATION ADMISSION APPLICATION  
CHECKLIST  
(Attach this Checklist to the Application Packet)**

Name \_\_\_\_\_ ID# \_\_\_\_\_

The following items must be submitted in the order indicated below:

Completed Educator Preparation Admission Application form.

Signed Personal and Professional Fitness Form

*If you answered "Yes" on question 4, you must complete the Criminal Charges Self-Reporting Form.*

Signed Professional Dispositions Statement

Unofficial Transcript (mavlink)

**NOTE:** Please submit the completed application materials, including this checklist, secured with a paper clip. **DO NOT** place the materials in a folder, binder, protective sheets, or protective cover. It is suggested the student retain a copy of the packet.

Application packets must be submitted, **in person**, to the secretary in RH 204 by 4:30 pm on **October 1** (for spring admission), **March 1** or **June 1** (for fall admission). **If deadline is on a weekend, application packets are due on the Friday before the weekend.**

***DUE TO THE PHYSICAL CLOSE OF THE CAMPUS, APPLICATIONS CAN BE EMAILED TO LORRAINE STREET AT [lstreet@unomaha.edu](mailto:lstreet@unomaha.edu).***

**Certification**

To the best of my knowledge, I hereby certify that the information contained in this application is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Educator Preparation Admission Application

All application materials must be submitted by **October 1** for spring admission, **March 1** or **June 1** for fall admission. **If deadline is on a weekend, applications are due the preceding business day.**

#### Personal Information

Name \_\_\_\_\_ ID# \_\_\_\_\_  
 (Last) (First) (Middle Initial)  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Street) (City) (State) (Zip)  
 Phone (\_\_\_\_) \_\_\_\_\_ UNO email \_\_\_\_\_

#### Prerequisite Information

Courses	Semester/Year	Grade	Office Use
*ENGL 1150 Composition (or equivalent)			
*ENGL 1160 Composition (or equivalent)			
CMST 1110 Speech Fundamentals (or equivalent) or SPCH 2120 Argumentation and Debate			
*MATH 1120/1220 Intermediate Algebra (or equivalent)			
**TED 2100 Foundations of Education (or equivalent)			
**TED 2200 Human Relations (or equivalent)			

\*Applicants who have tested out of these courses should write “Tested” and the year.

\*\*These professional education courses have to be completed within the past 10 years. Can be enrolled concurrent with application.

Combined Earned Hours (EHRS) \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

(minimum 2.50 – NE System GPA 12 hrs or more; combined GPA less than 12 NE hrs)

Semester Admitted to UNO \_\_\_\_\_

#### Academic Information

List Transfer Institutions \_\_\_\_\_ # Hours Completed \_\_\_\_\_ Degree Earned (if applicable) \_\_\_\_\_

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#### Teaching Information - Mark your anticipated major endorsement and area(s) of concentration within the major.

<u>Major</u> (Select one)	<u>Area(s) of Interest</u> (Select one or more areas)				
<input type="checkbox"/> Early Childhood Inclusive ( <i>Birth-Gr 3</i> )					
<input type="checkbox"/> Elementary (Grades K-6)	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Inclusive Practices	<input type="checkbox"/> STEM		
	<input type="checkbox"/> Early Childhood ( <i>PK-3</i> )	<input type="checkbox"/> School Library ( <i>PK-12</i> )			
	<input type="checkbox"/> ESL ( <i>PK-6</i> )	<input type="checkbox"/> Special Education			
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<input type="checkbox"/> Middle Level (Grades 5-9)	<input type="checkbox"/> Language Arts	<input type="checkbox"/> Science			
	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Social Science			
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<input type="checkbox"/> Secondary (Grades 7-12)	<input type="checkbox"/> Art ( <i>PK-12</i> )	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Health/PE	<input type="checkbox"/> PE ( <i>PK-12</i> )	<input type="checkbox"/> Social Science
	<input type="checkbox"/> Biology	<input type="checkbox"/> English	<input type="checkbox"/> Language Arts	<input type="checkbox"/> Physics	<input type="checkbox"/> Spanish
	<input type="checkbox"/> BMIT	<input type="checkbox"/> French	<input type="checkbox"/> Math ( <i>6-12</i> )	<input type="checkbox"/> School Library ( <i>PK-12</i> )	<input type="checkbox"/> Special Education
	<input type="checkbox"/> Chemistry	<input type="checkbox"/> German	<input type="checkbox"/> Music ( <i>PK-12</i> )	<input type="checkbox"/> Science	

Have you ever been withdrawn from or received a non-passing grade in a student teaching course?  YES  NO

If Yes, please explain on another sheet of paper.



Office of Academic Advising, Roskens Hall 204

**PERSONAL AND PROFESSIONAL FITNESS**

Printed Name of Student \_\_\_\_\_

ID# \_\_\_\_\_

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 of 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 is occurring.*
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 is occurring.*
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? The ONLY exceptions are speeding and parking violations.\*  Yes  No  
*If yes, complete Criminal Charges Self-Reporting Form and provide court papers to the Office of Academic Advising.*
5. Is an order or determination currently in effect by a court or any other governmental 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 manage 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 is occurring.*
7. Do you have a Social Security number?  Yes  No  
*If no, make an appointment to see the Director of Academic Advising, Certification, RH 204 at 402-554-3482.*

**If the status of any of the above questions changes while you are a student at UNO, you must complete a new 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 University of Nebraska-Omaha (UNO) 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. I hereby release, discharge, and exonerate UNO, 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 UNO. I understand that inaccurate information submitted shall be cause for denial or removal from an educator preparation program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Student

\*If you answered "yes" to any of these questions, except question 10, make an appointment to see the Director of Academic Advising, Certification, Roskens Hall 204, at 402-554-3482 immediately. If you previously answered "yes" on this form, discussed the conviction(s) with Lorraine Street or appropriate departments representative, and your status has not changed, you do not need to make an appointment. **If you are in a graduate program, and have already received your teaching certificate and the incident happened before your original teaching certificate was issued and is on record at the Nebraska Department of Education, there is no need to contact the Office of Academic Advising.**

The University of Nebraska at Omaha is an equal opportunity educator and employer with a comprehensive plan for diversity

**University of Nebraska at Omaha College of  
Education, Health, and Human Services  
Professional Dispositions Statement**



Teaching is a profession that requires its potential candidates to be individuals of integrity. Prospective teachers must be able to demonstrate that they are individuals of strong moral character who can make mature decisions for themselves and for the students whom they will teach. Teachers are responsible for the education, safety, and well-being of anyone in their charge. The University of Nebraska at Omaha College of Education, Health, and Human Sciences prepares future teachers who show a high degree of moral character and the ability to act responsibly inside and outside the classroom. These individuals must be able to serve as representatives of the College and the University and must demonstrate the personal and professional dispositions of the teaching profession.

Inappropriate behaviors on the part of the candidates, which in the College's reasonable judgment, violate the University's Student Code of Conduct, establish a lack of integrity or moral/ethical character, or demonstrate conduct or patterns of behavior inconsistent with the personal and professional dispositions expected in the teaching profession, shall be sufficient grounds for 1) denial of admission to or enrollment in educator preparation programs, 2) dismissal or removal from programs, courses, observations, field experiences, practica, clinical practice, and similar field-based experiences, and 3) withholding institutional recommendation for certification. Such behaviors could be evidenced within the University or PK-12 school environment, outside the University or PK-12 school environment, and/or in an electronic or digital context. Displays or patterns of behaviors may be established by any credible means including, but not limited to, the facts surrounding a record of arrests or convictions or information obtained by the University directly from a school or district official. Teacher candidates should note that the College of Education, Health, and Human Sciences must provide a recommendation for certification in order for a student to obtain his/her teaching certificate. Accordingly, inappropriate behaviors by candidates could jeopardize not only their educational goals at UNO but also their professional goals including the ability to become a certified teacher.

Candidates who exhibit inappropriate behaviors may be referred for a Conference of Concern to formally identify the unsuitable behaviors, recommend corrective action(s), and determine the candidate's suitability for continuing in educator preparation. Candidates who have convictions outlined in the Nebraska Department of Education's Rule 20, Section 005.07A, will be allowed to continue in the educator preparation program or referred for certification only through an appeal to the Commissioner or State Board of Education.

I swear/affirm that I have read and understand the Professional Dispositions Statement of the College of Education, Health, and Human Sciences.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Office of Academic Advising, Roskens Hall 204

**CRIMINAL CHARGES SELF-REPORTING FORM**

**This form must be completed if you answered “YES” to  
Question #4 on the Personal and Professional Fitness Form.**

Name: \_\_\_\_\_ NUID#: \_\_\_\_\_

*Please print*

Complete a separate section for each charge. Document additional charges on reverse side of this form.

**Charge #1**

Criminal charge: \_\_\_\_\_

Date of offense: \_\_\_\_\_ County in which offense occurred: \_\_\_\_\_

Name of arresting party/agency (Police or Sheriff’s Office): \_\_\_\_\_

Court of Jurisdiction: \_\_\_\_\_

Plea and conditions of probation, if any: \_\_\_\_\_

Details of the incident (you may attach a separate sheet for further explanation): \_\_\_\_\_

**Charge #2**

Criminal charge: \_\_\_\_\_

Date of offense: \_\_\_\_\_ County in which offense occurred: \_\_\_\_\_

Name of arresting party/agency (Police or Sheriff’s Office): \_\_\_\_\_

Court of Jurisdiction: \_\_\_\_\_

Plea and conditions of probation, if any: \_\_\_\_\_

Details of the incident (you may attach a separate sheet for further explanation): \_\_\_\_\_

**Return this form to the CEHHS’s Office of Academic Advising, Roskens Hall 204.**

**Court documents related to each charge must be furnished.**

I declare that, including any attachment, the provided information is true and correct. I understand that submitted inaccurate information is cause for denial or removal from an educator preparation program.

\_\_\_\_\_  
Student Signature (do not use pencil)

\_\_\_\_\_  
Date