

**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 PARTIAL CLOSE OF THE CAMPUS, APPLICATIONS CAN BE EMAILED TO LORRAINE STREET AT lstreet@unomaha.edu.

SPECIFIC TO EDUCATOR PREPARATION PROGRAMS

The University of Nebraska issues academic degrees which may not satisfy all requirements for professional credentials (e.g. certification, licensure) in other states or countries. Our educator preparation programs are accredited and designed to align with the rules and regulations of Nebraska's education credentialing entity, the Nebraska Department of Education.

Because regulations can vary from state to state, if you anticipate you will seek professional credentialing outside of Nebraska, do not assume your degree from the University of Nebraska will satisfy all requirements in another state or country.

Please contact the credentialing entity where you will be seeking a license or certification to identify any additional expectations that may be required. Decisions regarding the issuing of certification are made by state agencies and not Educator Preparation Programs. Contact information for some credentialing agencies can be accessed [online here](#). Because these agencies may change their information you are encouraged to go directly to an agency website to access the most current information. It is also recommended that you correspond directly with the agency representatives in the state or country in which you plan to work, prior to, or early in, your academic career.

Certification

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

Signature

Date

9/9/20

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) _____

Teaching Information - Mark your anticipated major endorsement and area(s) of concentration within the major.
Major
Area(s) of Interest (Select one or more areas)

(Select one)

___ Early Childhood Inclusive (<i>Birth-Gr 3</i>)					
___ Elementary (Grades K-6)	___ Deaf/Hard of Hearing ___ Early Childhood (<i>PK-3</i>) ___ ESL (<i>PK-6</i>)	Inclusive Practices School Library (<i>PK-12</i>) Special Education	STEM		
___ Middle Level (Grades 5-9)	___ Language Arts ___ Mathematics	Science Social Science			
___ Secondary (Grades 7-12)	___ Art (<i>PK-12</i>) ___ Biology ___ BMIT ___ Chemistry	Deaf/Hard of Hearing English French German	Health/PE Language Arts ___ Math (<i>6-12</i>) Music (<i>PK-12</i>)	PE (<i>PK-12</i>) Physics School Library (<i>PK-12</i>) Science	___ Social Science ___ Spanish Special Education

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 _____