NON-CERTIFICATION PROGRAM APPLICATION APPLICATION CHECKLIST

(Include this checklist with the Application Packet)

Name:	NUID #:
The following items must be submitted in Complete the Non-Certification Prosigned Personal and Professional Fill fyou answered "YES" on question 4, you Signed Professional Dispositions Statunofficial Transcript (Mavlink)	ogram Application Form itness Form must complete the criminal charges self-reporting form.
	cation materials, including the checklist, secured with a a folder, binder, protective sheets, or protective cover. It y of the packet.
1 (for spring admission) and March 1 or Ju application packets are due on the Friday	person, to the secretary in RH 204 by 4:30 pm on October one 1 (for fall admission). If the deadline is on a weekend, before the weekend. Due to partial close of campus, to Lorraine Street at Istreet@unomaha.edu.
Certification: To the best of my knowledg application is accurate and complete.	e, I hereby certify that the information contained in this
I understand that the non-certification procertification.	ogram, which I am applying to, does not lead to teacher
Signature	 Date



College of Education, Health, and Human Science Non-Certification Program Application

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

Personal Information: Name:		NUID#:			
(Last)	(First)	(Middle Initial)			
Address:					
(Stree	•	(City)	(State)	(Zip)	
Date of Birth:					
Phone: ()		UNO email:			
Prerequisite Informa	tion:				
Courses		Semester/Year	Grade	Office Use	
*ENGL 1150/54 English					
Composition I (or equiva	alent)				
*ENGL 1160/64 English					
Composition II (or equiv					
*CMST 1110 Public Spea	_				
CMST 2120 Debate (or e *MATH 1120 or MATH 1					
1130, STAT 1530, STAT	•				
equivalent)	1100 (01				
**TED 2100 Educationa	l				
Foundations (or equivalent)					
**TED 2200 Human Relations					
(or equivalent)					
**These professional concurrent with appl Academic Information	education courses ication.	se courses should write "have to be completed w	ithin the past 10 ye	ears. Can be enrolled	
Combined Earned Ho	urs (EHRS):	Cumulative G	SPA:	 ; combined GPA less than 12 NE hrs.)	
Semester Started at I	JNO:	(5,515	, 5555. 61.77.655 616.1 22 77. 113.1	
List of Transfer Institu	utions	# Hours Completed	De	egree Earned (if applicable)	
Program Information	ı: Mark your anticir	nated major and concept	ration		
=	•	pated major and concent			

BS in Elementary Education – Concentration in Family and Community (EFAC)

BS in Secondary Education – Concentration in Youth and Training (SYAT)

Have you ever been withdrawn from or received a non-passing grade in a student teaching course?

YES If "YES", please explain on another sheet of paper.



Office of Academic Advising, Roskens Hall 204 PERSONAL AND PROFESSIONAL FITNESS

Print	ed Name of Student	ID#			
1.	Have you ever had a professional license, certificate, permit, credential, or other docums suspended, revoked, voided, denied, rejected, or voluntarily surrendered? If yes, attach a written statement that fully explains the facts and where this occurred.		•	•	ce of a professior No
2.	Are you currently the subject of any inquiry of investigation by any law enforcement as body, or licensing agency? If yes, attach a written statement that fully explains the facts and where this is occurrent.				, governmental No
3.	Is any action currently pending against you by any law enforcement agency, prosecutor agency? If yes, attach a written statement that fully explains the facts and where this is occurr		governme Yes		ody, or licensing No
4.	Have you ever been found guilty of a felony or misdemeanor or entered a plea of guilty in any criminal, drug, or juvenile court? The ONLY exceptions are speeding and parking the second court papers to a second court paper to a second c	ng violatio	ons.*	Yes	□ No
5.	Is an order or determination currently in effect by a court or any other governmental bo following: a mentally ill and dangerous person; mentally incompetent to stand trial; accinsanity; an incapacitated person in need of a guardian; or unable to manage your propedeficiency, chronic use of drugs or chronic intoxication? If yes, attach a copy of the order and a written statement that fully explains the facts of the statement of	quitted of erty due to	criminal of mental il Yes	charge lness,	s because of
6.	Are you currently an inpatient or resident in a mental health facility due to a determinate professional? If yes, attach a written statement that fully explains the facts and where this is occurred.		ualified n Yes		health No
7.	Do you have a Social Security number? If no, make an appointment to see the Director of Academic Advising, Certification, it	□ RH 204 a	100	□ -3482.	No
If	the status of any of the above questions changes while you are a student at U	J NO, yo u	ı must co	omple	ete a new form.
the reco con eve app	DECLARATION, AUTHORIZATION AND SIGNATE clare that the information furnished herein is true, correct, and complete to the best of my knowled University of Nebraska-Omaha (UNO) to verify all responses with any mental health facility or goords maintained by any criminal justice agency, including a criminal history record information evictions. I hereby release, discharge, and exonerate UNO, its employees, and any person so furnity nature and kind arising out of the furnishing of such records and information. I understand that lication will become the property of UNO. I understand that inaccurate information submitted shall paration program.	lge. I herelevernmentation in the check, regardishing infort any mater	al agency and and arding any ormation frial submit	nd to of my om any ted in c	btain and review al criminal charges o y and all liability o connection with thi

*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.

Signature:
Signature of Student

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 Sciences 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 outlines 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 Services.

Print Name	 	
Signature		
Date	 	



Office of Academoc 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	
	rge. Document additional charges on reverse side of this form.
Charge #1	
Criminal charge:	
<u> </u>	
Data of offense:	County in which offense occurred:
Date of offense	county in which offense occurred.
	01 10m 0.0m)
Name of arresting party/agency (Police of	or Sheriff's Office):
Court of Jurisdiction:	
Plea and conditions of probation if any	
i rea and conditions of probation, if any.	
Details of the incident (you may attach a	separate sheet for further explanation):
Details of the includin (you may attach a	separate sheet for further explanation)
Charge #2	
Criminal charge:	
Date of offense:	County in which offense occurred:
Date of offense	county in which offense occurred.
Name of arresting party/agency (Police of	or Sheriff's Office):
Court of Jurisdiction:	
Plea and conditions of probation if any	
rea and conditions of production, if any.	
Details of the incident (you may attach a	separate sheet for further explanation):
Details of the incident (you may attach a	separate sheet for further explanation)

Return this form to the CEHHS 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)