15-Hour Renewal Application

Personal Information  Initial Meeting Date:

Name_____________________________________________ NUID___________________________

Street Address _____________________________________________________________________

City___________________________________ State______________ Zip______________________

Phone______________________(office, home, cell) Email __________________________________

Certificate Information

Date of Initial Certificate_______________________ State___________ Expiration Date___________

Recommending Institution for Initial Certificate_____________________________________________

Other States in which you have been certified______________________________________________

Have you ever had a certificate revoked/denied?  □ No  □ Yes

Employment History

Most recent employer______________________________________ Dates___________________

Contracted Teaching Experience-School District(s)__________________________________________

Date(s)__________________ Teaching Responsibilities________________________________________

Other_____________________________________________________________________________

Future Plans

Future Employment Plans
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Plans for Meeting the 15-Hour Renewal Requirements
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Personal and Professional Fitness Information Signed  □ No  □ Yes

Other Information
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

LiveText must be purchased for use in courses. Please contact Dr. Becky Pasco at rpasco@unomaha.edu for more information.

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Personal Information

Name ___________________________ NUID ________________________

Street
Address

City ___________________________ State _____________ Zip ____________

Phone ________________________(office, home, cell) Email _______________________

Term Practicum is requested □ Fall □ Spring ______(year) 

Major(s) _____ ECI _____Elementary _____Secondary / PK-12 _____Special Education

Endorsement Area(s) ____________________________

100-Hour Practicum Options (Please check one-either Classroom Placement, Substitute or InService)

Classroom Placement*: The practicum student should register for TED 8980-801 (100-Hr Practicum) for 3 credit hours. The practicum will be arranged through the Practicum Coordinator. A schedule will be set that meets the needs of the practicum candidate and is acceptable to the district, school administrator and cooperating teacher of the hosting school. It is recommended that the practicum student observe the cooperating teacher for a short period of time (one or two days) and then become actively involved in the classroom. Planning, assisting, teaching and assessing are appropriate activities for the one-hundred-hour practicum. A journal of the practicum experience is required.**

District Requested ___________________________ School Requested ___________________________

Grade Level Requested ______ If grades 7-12, Content Area Requested __________________________

* A background check must be completed prior to enrollment and issuance of a permit for TED 8980. Please email Ms. Lorraine Street at lstreet@unomaha.edu for more information. If your practicum placement will be in a school district where you are currently employed or a substitute teacher, a background check is not required.

Substitute or InService Teaching: If the practicum student has a valid substitute certificate and previous contracted teaching experience, the practicum may be accomplished in the role of a substitute teacher. The practicum student should register for TED 8980-801 – Practicum (100 Hour Practicum) for 3 credit hours. One-hundred clock hours of substitute or inservice teaching must be documented and verified by the district/school during the semester in which the candidate registers for the practicum. A journal of the substitute or inservice teaching experience is required.

(LiveText must be purchased)
**The journal of the practicum experience (classroom placement, substitute or inservice teaching experience) must be recorded and submitted to the Practicum Coordinator in Roskens Hall 204 by **December 1 in the fall semester** and **May 1 in the spring semester**. The journal should provide:

- A brief summary of the practicum setting
- A brief daily account of the observation/teaching activities in which the candidate has participated
- The signature of the practicum candidate
- The signatures of the cooperating teacher and/or administrator of the school in which the practicum has been completed

**In Case of Accident or Emergency**

Next of Kin __________________________ Relationship __________________________

Whom do we notify in case of an accident? __________________________

Address ______________________________________________________________________

Home Phone __________________________ Business/Cell Phone ___ / ______

Student Signature __________________________ Date ____________________

Please print, complete and submit this form to:

Practicum Coordinator
Office of Academic Advising and Field Experience,
College of Education University of Nebraska at Omaha
Roskens Hall, 204
6001 Dodge Street
Omaha, NE 68182

The application should be submitted prior to the semester in which the practicum is to be completed and prior to registration for the practicum. Placements for the practicum are arranged shortly after the beginning of the semester in which the practicum is to be completed. The Coordinator will be in contact with the practicum student to make these arrangements. If you have any question, please contact the Practicum Coordinator at 402.554.4916

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

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

<table>
<thead>
<tr>
<th>Charge #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal charge:</td>
</tr>
<tr>
<td>Date of offense: County in which offense occurred:</td>
</tr>
<tr>
<td>Name of arresting party/agency (Police or Sheriff’s Office):</td>
</tr>
<tr>
<td>Court of Jurisdiction:</td>
</tr>
<tr>
<td>Plea and conditions of probation, if any:</td>
</tr>
<tr>
<td>Details of the incident (you may attach a separate sheet for further explanation):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charge #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal charge:</td>
</tr>
<tr>
<td>Date of offense: County in which offense occurred:</td>
</tr>
<tr>
<td>Name of arresting party/agency (Police or Sheriff’s Office):</td>
</tr>
<tr>
<td>Court of Jurisdiction:</td>
</tr>
<tr>
<td>Plea and conditions of probation, if any:</td>
</tr>
<tr>
<td>Details of the incident (you may attach a separate sheet for further explanation):</td>
</tr>
</tbody>
</table>

Return this form to the College of Education’s Office of Student Services, Roskens Hall 204. Court documents related to each charge must be furnished.
PERSONAL AND PROFESSIONAL FITNESS FORM

Name of Student ___________________________ ID Number ___________________________

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 or 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? [ ] Yes [ ] No
   *The ONLY exceptions are speeding and parking violations.
   If yes, complete Criminal Charges Self-Reporting Form and provide court papers to the Office of Student Services.

5. Is an order or determination currently in effect by a court or any other governmental body which finds you 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 Certification Officer in the College of Education’s Office of Student Services, Roskens Hall 204, 402-554-3482.

If the status to 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 information is essential to the determination of your fitness and status to engage in the professional education.

Date, ___________________________ Student Signature**

** This digital signature verifies authentication of this document.

* If you answered “yes” to any of the questions, make an appointment with the Office of Student Services, Roskens Hall 204, 402-554-3482, immediately, if you have not yet discussed prior conviction(s). If you are in a graduate program and have already received your teaching certificate, there is no need to contact the Office of Student Services if the incident happened prior to your original teaching certificate was issued and is on record with the Nebraska Department of Education.

Rev. 7/2014
University of Nebraska at Omaha
College of Education
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 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 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.

Print Name __________________________________________________________

Signature ____________________________________________________________

Date __________________________________________________________________

9/2/15

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