



DOANE UNIVERSITY

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