



DOANE UNIVERSITY

Doctorate of Education 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