

15-Hour Renewal Application

Personal Information	rsonal Information Initial I		Meeting Date:	
Name	NUID			
Street Address				
City	State	Zip		
Phone(office	e, home, cell) Email			
Certificate Information				
Date of Initial Certificate	State	Expiration Date		
Recommending Institution for Initial Cer	tificate			
Other States in which you have been ce	ertified			
+DYH \RX HYHU KDG D H	FHUWLILFDWH U	HYRNHG GHQI	_HG" '1R ' <h\< td=""></h\<>	
Employment History				
Most recent employer		Dates		
Contracted Teaching Experience-Schoo	bl District(s)			
Date(s) Teaching	Responsibilities			
Other				
Future PI ans				
Future Employment Plans				
Plans for Meeting the 15-Hour Renewal	Requirements			
3 H U V R Q D O D Q G 3 U R I H V Other Information	VLRQDO)LWQHY	√V ,QIRUPDWL	.RQ 6LJQHG '1	

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





100-Hour Practicum Application

Personal Information		
Name		NUID
Street Address		
City	State	



**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







University of Nebraska at Omaha College of Education Professional Dispositions Statement

