

Teacher Certification  
Nebraska Department of Education  
301 Centennial Mall South  
P.O. Box 94987  
Lincoln, NE 68509-4987  
Phone: (402) 471-0739  
Fax: (402) 471-9735

NDE 20-016  
Revised 4/04

## INSTITUTIONAL VERIFICATION FOR A NEBRASKA EDUCATOR CERTIFICATE

Name: Renaee Kelly Social Security Number: 506-78-0417

**To The Applicant:** The signature of the authorized college certification officer must appear at the bottom of this form. The certification officer is a full-time staff member designated by the head of the education unit of each standard institution.

**To The Certification Officer:** Please complete the appropriate portion of this form for the applicant named above and verify with your signature.

### VERIFICATION OF A COMPLETED APPROVED PROGRAM

THE ABOVE-NAMED APPLICANT HAS COMPLETED THE FOLLOWING AT THIS INSTITUTION: (check all that apply)

- Approved Program for Initial Certification
- Bachelor's Degree
- Master's Degree
- Doctorate Degree
- Fifth Year Program
- Specialists (6th Year Program)
- Program for An Added Endorsement

THE APPROVED PROGRAM COMPLETED PREPARED THE APPLICANT FOR:

Teaching: Science, Tech, Engineering & Math Grade Level(s) K-12  
\_\_\_\_\_  
Grade Level(s) \_\_\_\_\_  
\_\_\_\_\_  
Grade Level(s) \_\_\_\_\_

Administration:

\_\_\_\_\_  
Grade Level(s) \_\_\_\_\_  
\_\_\_\_\_  
Grade Level(s) \_\_\_\_\_

Special Services (Non-Teaching):

\_\_\_\_\_  
Grade Level(s) \_\_\_\_\_  
\_\_\_\_\_  
Grade Level(s) \_\_\_\_\_

Signature of Authorized College Certification Officer

Date

Institution

City

State

### VERIFICATION OF RECENT COLLEGE CREDIT HOURS

The above-named applicant has completed within the immediate past five (5) years and to the satisfaction of this institution the following semester hours of college credit:

- At this institution \_\_\_\_\_ semester hours of credit       Transferred to this institution \_\_\_\_\_ semester hours of credit

In my professional opinion, these college hours would be appropriate for renewing/issuing a

- Teaching Certificate or an     Administrative Certificate or a     Special Services (non-teaching) certificate.

Signature of Authorized College Certification Officer

Date

Institution

City

State

### VERIFICATION FOR A PROVISIONAL CERTIFICATE

- PROVISIONAL TEACHING CERTIFICATE OR     PROVISIONAL SPECIAL SERVICES CERTIFICATE

This is to verify the above-named applicant has completed a baccalaureate degree and is enrolled in an approved program at this institution. One-half of the professional education hours has been completed and three-fourths of the area of specialization has been completed. The approved program is in the area of \_\_\_\_\_ at the \_\_\_\_\_ grade level.

- PROVISIONAL ADMINISTRATIVE CERTIFICATE

This is to verify the above-named applicant has received a baccalaureate degree and has completed fifty percent of the approved program for principal or has completed seventy-five percent of the approved program for superintendent at this approved teacher education institution. The school administrative area is for \_\_\_\_\_ at the \_\_\_\_\_ grade level.

Signature of Authorized College Certification Officer

Date

Institution

City

State

\*The requirement that a certificate applicant provide his/her social security number is contained in *Neb. Rev. Stat. 79-810*. The uses that will be made of this number are criminal background checks prior to issuance of a certificate and for purposes of data compilation and statistics concerning employment of graduates of state approved teacher education programs and employment of certificate holders.

**The NASA Endeanor  
Teaching Certificate Project  
Science**

*in recognition of the successful completion of the requisite course of study and  
by authority of Teachers College, Columbia University and U.S. Satellite Laboratory, confers upon*

**Kenae Kelly**

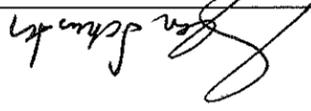
*this Certificate of*

**STEM Education**

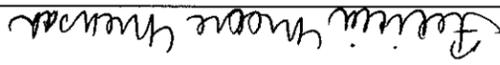
*(Science, Technology, Engineering and Mathematics)*

*with all the honors, rights and responsibilities pertaining thereto. In Witness Whereof, this Certificate  
is granted and signatures of the authorized officers are affixed and given this 15<sup>th</sup> day of January, two thousand ten.*

Gren Schuster, Project Director  
U.S. Satellite Laboratory, Inc.

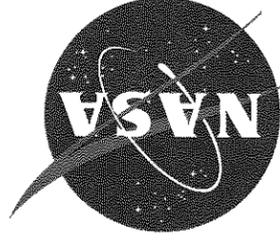


Felicia Moore Mensah, Ph.D.  
Teachers College, Columbia University



National Aeronautics and  
Space Administration  
(NASA Award NNX08BA63A)

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