



Concordia Teacher Education Felony/Misdemeanor Statement (Required by Nebraska State Law)

Legal Name (First Name) _____ (M.I.) _____ (Last) _____
(Your name as it appears on your social security card.)

J-Number _____ Today's Date _____

Section 1 - No Convictions

I swear or affirm that I have no felony convictions and no misdemeanor convictions involving abuse, neglect or sexual misconduct. I understand that a past or future conviction for any such offense requires that I immediately notify the dean of the college of education.

(Legal signature of student. Should match the name listed above)

OR

Section 2 - Convictions

I swear or affirm that I have no felony convictions and no misdemeanor convictions involving abuse, neglect or sexual misconduct, *except the following*:

A. Criminal charge _____

Disposition _____

Date _____

Court address _____

B. Criminal charge _____

Disposition _____

Date _____

Court address _____

I understand that any past or any subsequent conviction for any such offense requires that I immediately notify the dean of the College of Education.

I understand that if I have been convicted of a felony or any misdemeanor involving abuse, neglect or sexual misconduct, I must make a written *petition for approval to participate in pre-student teaching, field, laboratory and classroom experiences or student teaching* on forms prescribed by the rules of the Nebraska Department of Education, and attach a copy of my court records and such additional information that shall be required by the Nebraska Department of Education. During the appeal process, I understand that I will not be permitted to participate in any field experience or student teaching activity.

(Legal signature of student. Should match the name listed above)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

Seal



Concordia Teacher Education Emotional/Mental Health Statement

(Required by Nebraska State Law)

Legal Name (First Name) _____ (M.I.) _____ (Last) _____
(Your name as it appears on your social security card.)

J-Number _____ Today's Date _____

I swear or affirm that I have no order or determination currently in effect by a court or any other governmental body which finds me to 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 my property due to mental illness, mental deficiency, chronic use of drugs or chronic intoxication; or is currently an inpatient or resident in a mental health facility due to a determination by a qualified mental health professional.

I understand that a past or future determination requires that I immediately notify the dean of the College of Education.

I understand that persons who have been determined to have a mental or emotional incapacity to practice the profession as evidenced by a legal adjudication or determination thereof by other lawful means are denied certification by the Nebraska Department of Education and shall not be allowed to participate in pre-student teaching field, laboratory or classroom experiences, or student teach.

(Legal signature of student. Should match the name listed above)

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public

Seal
