## <u>Chadron State College</u> <u>Nebraska Department of Education – Personal & Professional Fitness</u> Oath Statement for Self-reporting

Presently, persons applying to the Nebraska Department of Education for a certificate are asked the questions that appear below as an indication of their personal and professional fitness to teach. At this point in your education, Chadron State College Department of Education also requires you to answer these same questions for two reasons: (1) The answers to these questions may provide CSC with information it finds important in deciding whether to allow you to participate in field experiences, including practicums at the graduate level; and (2) Early identification of issues may impact your ability to secure a teaching or administrative certificate upon completion of your degree. All education candidates, undergraduate as well as graduate, shall complete the following oath prior to participation in pre-student teaching, field, laboratory and classroom experiences, teacher internship (student teaching) or graduate practicums/internships. No candidate will be allowed to participate in classroom experiences or internships until this notarized statement has been presented as a self-reporting document to the Director of Field Experiences.

PRINT:	Full Name:		
	NUID #:		
profession su		se, certificate, permit, credent enied, rejected, or voluntarily s	ial, or other document authorizing the practice of a surrendered?
licensing age	currently the subject of any incency, governmental body, or cNo		y action currently pending against you by any
misdemeano Minor in Pos	or in any criminal, drug, or juvessession of Alcohol need to be	renile court? (Misdemeanor coereported.)	red a plea of guilty or no contest to a felony or onvictions for Driving under the Influence or  Month/Year
the following because of ir illness, ment	g: a mentally ill and dangerou	us person; mentally incompete on in need of a guardian; or un	or governmental body which finds you to be any of cent to stand trial; acquitted of criminal charges hable to manage your property due to mental
professional <sup>6</sup>		ent in a mental health facility o	due to a determination by a qualified mental health
	•	, ,	that I will make an appointment to meet e court record if applicable.
Legal Signa	ature		Date
Subscribed	and sworn before me on th	is day of	,
SEAL		Nisterna Delli	
		Notary Public	