



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
POST OFFICE BOX 94064, BATON ROUGE, LOUISIANA 70804-9064
Toll Free #: 1-877-453-2721
<http://www.louisianaschools.net>

REQUEST FOR CERTIFICATION CHANGE AND/OR ACTION

Dear Applicant:

We are pleased that you are interested in making a change or upgrade to your Louisiana teaching certificate. The instructions outlined in this application packet are designed to facilitate the process of obtaining an updated Louisiana teaching certificate.

Louisiana allows applicants to add degrees, request name changes, add teaching endorsements, receive higher certificates, receive duplicate certificates, extend certificates, reinstate certificates, and request evaluations. When a complete application is received, a determination will be made regarding the requested action. If additional information is needed or a deficiency exists, you will be notified in writing.

Changing a Name on a Certificate

To request a change of name on a certificate, submit a completed application, a copy of marriage license or document of legal name change, and professional conduct form. A \$25.00 certification fee is required.

Receiving a Duplicate Certificate

To request a duplicate certificate, submit a completed application and professional conduct form. A \$10.00 certification fee is required.

Adding a Degree(s) to a Certificate

To request the addition of a degree(s) to a certificate, submit an official transcript, completed application, and professional conduct form. Any request for a +30 endorsement must include verification of all excess graduate coursework earned during the master's degree program. This verification must come from the dean of the graduate school. A \$25.00 fee is required.

Extending or Renewing a Type C, Level 1, Type B, Level 2, Type A, Level 3 or Nonpublic* Type B*, Level 2*, Type A*, or Level 3* Certificates

An expired Type C or Level 1 certificate may be renewed for one additional three-year period upon the request of a Louisiana employing authority. However, if the holder of a Type C, B, A, or Level 1, Nonpublic* Level 2* or 3* certificate has not been employed as the teacher of record for at least one semester during a period of five years, his/her certificate can be reinstated only upon the presentation of six semester hours of credit earned at a regionally accredited institution. Such credit hours shall be resident, extension, or correspondence credit in courses approved by the Division of Certification and Preparation or a dean of a Louisiana college of education. The six semester credit hours of extension must be earned during the five-year period immediately preceding reinstatement. To request the extension or reinstatement of a certificate, submit an official transcript (when applicable), completed application and professional conduct form. A \$25.00 fee is required.

Level 2 and Level 3 teachers must complete 150 clock hours of professional development over a five-year time period in order to have a Level 2 or 3 Professional License renewed. A professional certificate will lapse (a) for disuse if the holder thereof allows a period of five consecutive calendar years to pass in which he/she is not employed as the teacher of record for at least one semester [90 consecutive days], or (b) if the holder fails to complete the required number of professional development hours during his/her employ. Reinstatement of a lapsed certificate shall be made only upon evidence that the holder has earned six semester hours of resident, extension, or correspondence credit in courses approved by the Division of Teacher Certification and Higher Education or a dean of a Louisiana college of education. The six semester credit hours of extension must be earned during the five-year period immediately preceding reinstatement. To request the extension or reinstatement of a certificate, submit an official transcript (when applicable), completed application and professional conduct form. A \$25.00 fee is required.

Requesting a Higher Type B, A, Level 1, Level 2, or Level 3 Certificate

Teachers with a Type C certificate must complete the Louisiana Assistance and Assessment Program and teach for three years in the certified area to receive a Type B Certificate. Teachers with a Type C or Type B Certificate are eligible for a Type A Certificate if they hold a master's degree, teach for five years, and complete the Louisiana Assistance and Assessment Program. To request a higher level certificate, submit an official transcript (when applicable), completed application, completed experience verification form, and professional conduct form. A \$25.00 fee is required.

Teachers with a Level 1 Professional Certificate must complete the Louisiana Assistance and Assessment Program and teach for three years in the certified area to receive a Level 2 Professional Certificate. Teachers with a Level 1 or Level 2 certificate are eligible for a Level 3 certificate if they hold a master's degree, teach for five years in the certified area, and complete the Louisiana Assistance and Assessment Program. To request a higher level certificate, submit an official transcript (when applicable), completed application, completed experience verification form, and professional conduct form. A \$25.00 fee is required.

Evaluation and/or Addition of Endorsements

To have additional teaching and/or administrative endorsements added to a teaching certificate, teachers should submit official transcripts and PRAXIS scores (if applicable), completed application, and professional conduct form. The required certification fee of \$25.00 will allow this office to perform two evaluations and/or unlimited additions to the existing certificate. These evaluations and/or additions must be requested at the time of submission.

Application Process

All information should be mailed to: Division of Certification and Preparation, LA Department of Education, P. O. Box 94064, Baton Rouge, LA, 70804-9064.

The following items are required as a part of a complete application packet:

1. ***Application for Change and/or Action*** form with all information provided
2. ***Official transcript***-if applicable (copies not acceptable)
3. ***Copy*** of marriage license (if applicable)
4. ***Experience Verification*** form signed by the appropriate employing authority verify teaching experience (if applicable)
5. ***Special Education Experience Verification*** form signed by the appropriate special education supervisor as well as the appropriate employing authority (if applicable)
6. ***Experience Verification*** form signed by the appropriate employing authority verifying administrative/supervisory experience (if applicable)
7. ***Professional Conduct*** form with all questions answered and signed and dated by the applicant;

8. **Non-refundable** certification fee (check or money order, payable to the *Louisiana Department of Education*).

All application materials are to be sent to the Louisiana Department of Education as a single packet. Once the materials are received, the application packet will be evaluated for purposes of processing the requested action. We regret that we are unable to process application packets that are missing any of the required materials; incomplete packets will be returned to the employing school district or the applicant requesting the change on the certificate, identifying needed documentation to complete application. All paperwork that is submitted during an office business day will be dated and scheduled for processing with that daily correspondence.

Additional Information

- ◆ **Employment:** Contact the personnel directors at the state's 68 public school district(s) concerning employment opportunities. A Louisiana Teacher Certification and Recruitment website can be accessed at www.teachlouisiana.net .
- ◆ **Contact Information:** If there are questions about requirements or the certification process, please contact your employing school district or the Division of Certification and Preparation at (225) 342-3490 (or toll free at 1-877-453-2721), or email Customerservice@la.gov for assistance.



**LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation**

REQUEST FOR CERTIFICATION CHANGE AND/OR ACTION

Please Type or Print in Ink

Louisiana Certificate Type/Number: _____ **Social Security Number:** _____ - _____ - _____

Name: _____ **Date of Birth:** _____
 (First) (Middle) (Family) (Married)

Address: _____ **Home Phone #:** (____) _____
 (Street) (City/State) (Zip Code)

E-Mail Address: _____ **Parish of Residence:** _____

Check or list all that apply:

Extension of a Certificate:

<input type="checkbox"/>	Extend Type C or Level 1 Certificate (three [3] years). <i>(For teacher who has not been out of teaching for any five year period)</i>
<input type="checkbox"/>	Reactivate Standard Certificate for One Year

Reinstatement of Certificate:

<input type="checkbox"/>	Reinstate Type C, B, A, Level 1, 2, 3, Nonpublic* Type B*, A*, Level 2*, or 3* Certificates <i>(Applicant must show evidence of six semester hours completed within the past five year period when there has been a five year break in service)</i>
<input type="checkbox"/>	Reactivate Standard Certificate for One Year

Addition of Degree(s):

<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>	Master's Plus 30 graduate hours	<input type="checkbox"/>	Specialist Degree	<input type="checkbox"/>	Doctorate Degree
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Higher Certificate: (Application form must be sent directly from employing school system)

<input type="checkbox"/>	Level 1	<input type="checkbox"/>	Type B, A or Nonpublic Type B* or A*	<input type="checkbox"/>	Level 2, 3 or Nonpublic Level 2*, 3*
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Evaluate for the following two (2) endorsement(s):

1.	2.
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Addition of the Following Endorsement(s):

1.	2.
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Please indicate if transcripts will be coming under separate cover:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please indicate which college(s):

Name Change: (name to be added or deleted)

Added: *(must include marriage license, birth certificate or court document showing name change)*

Name to be added: _____

Deleted: *(birth names cannot be removed without birth certificate or court document showing name change)*

Married name to be deleted: _____

Duplicate Certificate: Last College attended: _____ Date of Graduation: _____

Signature of Applicant: _____ **Date:** _____

Employing School District: _____

Signature of Employing School/School District: _____ **Date:** _____

The signature of the employing school or school district is required for a Higher Certificate and Extensions of a Type C or Level 1 certificate.

**LOUISIANA DEPARTMENT OF EDUCATION
CERTIFICATION AND PREPARATION**

APPLICATION FOR RENEWAL OF LEVEL 2 & 3 LICENSES

PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT: (Including First, Maiden, and Married)	SOCIAL SECURITY NUMBER: ____ / ____ / ____	DATE: ____ / ____ / ____
ADDRESS: Street _____ City _____ State _____ Zip _____		LA CERTIFICATE NOW HELD: Type: _____ Number: _____

**CONTINUING LEARNING UNITS (CLUS) OF PROFESSIONAL DEVELOPMENT OR
UNIVERSITY CREDITS**

Method used to fulfill CLUs:	Number of CLUs Earned
College courses: Indicate the number of CLUs earned based upon the completion of coursework at a regionally accredited college or university (3 semester hours = 45 CLUs): College Name: _____ Course(s) Completed: _____	
School and/or District Professional Development: Indicate the number of CLUs earned from participation in and completion of school and/or district level professional development activities.	
State Department Professional Development: Indicate the number of CLUs earned from participation in and completion of state level professional development activities.	
Other Providers: Indicate the number of CLUs earned from participation in and completion of professional development activities provided by entities other than colleges/universities, school districts or the State Department of Education.	
National Board Certification = 150 CLUs: Submit copy of the NBC earned during the period of certificate validity	
Total number of CLUs (must = 150)	

I hereby apply for the license renewal for which I am qualified.

Signature of Applicant: _____ Date: _____

I hereby certify that all supporting records of CLU completion and college/university coursework completion are on file at the district office.

Signature of Employing District: _____ Date: _____

**LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation**

EXPERIENCE VERIFICATION FORM

PLEASE CHECK CATEGORY THAT APPLIES TO APPLICATION:

Higher Level Certificate¹
 Administrative Experience
 Out-of-State PRAXIS Exclusion²
 Student Teaching/Internship Waiver
 Verification of Experience for Ancillary Area

PLEASE TYPE OR PRINT IN INK

Louisiana Certificate Type/Number: _____	Social Security Number: _____ - _____ - _____
Name: _____ Date of Birth: ____/____/____	
(First)	(Middle)
(Maiden)	(Married)
Address: _____ Home Phone #: (____) _____	
(Street)	(City/State)
(Zip Code)	

PARISH/ DISTRICT/ COUNTY	NAME OF SCHOOL	Type of School		Grade Level(s) Taught	Subject(s) Taught	School Year(s) Taught	Position (teacher, principal, etc.)
		Public School	Private School				
						-	
						-	
						-	
						-	
						-	

¹ **Higher Request:** *If this form is being submitted for a higher level certificate, it must be submitted directly from the Louisiana employing school system.*

² **Out-of-State Exclusion:** *I certify that the experience as listed above was successful, complete, and correct according to the official records on file in the Louisiana public school system providing this verification of employment. The above individual will be re-employed by this system for the next school year in accordance with the out-of-state certification policy.*

TO THE BEST OF MY KNOWLEDGE, THE EXPERIENCE CORRECTLY LISTED ABOVE WAS SUCCESSFUL.

ORIGINAL SIGNATURE OF EMPLOYING AUTHORITY	TITLE AND DISTRICT OF EMPLOYING AUTHORITY
ORIGINAL SIGNATURE OF APPLICANT	DATE

For certification use only: Teacher Assessment Completed: Yes _____ No _____

**LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation**

SPECIAL EDUCATION EXPERIENCE VERIFICATION FORM

(Inclusion Experience Only)

PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT: (Including First, Family, and Married)	SOCIAL SECURITY NUMBER: _____ - _____ - _____	DATE:
ADDRESS:	LA CERTIFICATE NOW HELD: TYPE: Number:	

Area of Special Education Requested: _____

Experience Requirements:

A. Three years of successful teaching experience in the pursued area of special education certification as verified by the special education supervisor/director **and** the employing authority.

OR

B. At least one year of successful teaching experience in the pursued area of special education and two years of successful teaching as a regular education teacher teaching exceptional children in the pursued area of certification. *As a regular education teacher, the applicant must have had responsibility for the implementation of the Individualized Education Program (IEP).* Both the special education supervisor/director **and** the employing authority must verify this teaching experience.

TEACHING EXPERIENCE

School Year	School System	Type of Class
-		
-		
-		

RESPONSIBILITY FOR INDIVIDUALIZED EDUCATION PROGRAM

Indicate the number and types of exceptional children for whom the applicant had responsibility for the implementation of the Individualized Education Program (IEP).

Number and Types of Exceptional Children	School Year

Those signing below certify that the information listed above is accurate:

Signature of Applicant

Signature of Employing Authority

Signature of Director/Supervisor of
Special Education

Date

THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED DIRECTLY BY THE CURRENT LOUISIANA EMPLOYING SCHOOL SYSTEM.

**LOUISIANA DEPARTMENT OF EDUCATION
CERTIFICATION AND PREPARATION**

PLEASE TYPE OR PRINT IN INK

<p>PROFESSIONAL CONDUCT FORM (All questions <u>must</u> be answered)</p>

NAME OF APPLICANT: (Including, First, Middle, and Married)	Social Security Number: _____ - _____ - _____
ADDRESS:	DATE OF BIRTH:

<i>Each Question must be answered:</i>	<i>Please Check</i>	
	YES	NO
1. Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? If YES , in which state? _____		
2. Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending? If YES , in which state? _____		
3. Have you ever been convicted of any felony offense, been found guilty or entered a plea of <i>nolo contendere</i> (no contest), even if adjudication was withheld? If yes, please provide the following information: Date of Conviction: _____ State of Conviction: _____ Court Jurisdiction of Conviction: _____		
4. Have you ever been convicted of a misdemeanor offense that involves any of the following: a. Sexual or physical abuse of a minor child or other illegal conduct with a minor child. b. The possession, use, or distribution of any illegal drug as defined by Louisiana or federal law.		
5. Have you ever been granted a pardon for any offense as stated in #3 or #4?		

If you answered “**YES**” to any questions, #1 through #5, you must provide court **certified** copies of all documents and proceedings, civil records of Federal, State and/or District School Board actions, or other relevant documents that provide full disclosure of the nature and circumstances of **EACH** separate incident in your application packet.

I affirm and declare that all information given by me in the responses to items #1 through #5 above is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in criminal prosecution and/or the denial or revocation of my teaching certificate.

SIGNATURE OF APPLICANT:	DATE:
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