



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>

ANCILLARY CERTIFICATION APPLICATION PACKET

Dear Prospective Louisiana Ancillary Teacher:

We are pleased that you are interested in obtaining a Louisiana ancillary certificate. The instructions outlined in this application packet are designed to facilitate the process of obtaining a Louisiana ancillary certificate.

Ancillary Louisiana Certification

Louisiana offers ancillary certificates to applicants holding degrees or credentials in a specialized area. An ancillary certificate allows one to provide non-teaching services in Louisiana's K-12 schools. The guidelines for each type of ancillary certificate are included in this packet.

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 part of a complete application packet:

1. **Application for Ancillary Certificate** form with all information provided
2. **Official transcripts**, if applicable (copies not acceptable)
3. **Copy of licensure** (if applicable)
4. **Experience Verification** form signed by the appropriate employing authority required to provide evidence of successful experience for the ancillary certificate being requested
5. **Professional Conduct** form with all questions answered and signed and dated by the applicant
6. **Certification Fee**
 - Initial Certificate - \$50.00 **non-refundable** certification fee (check or money order, payable to the *Louisiana Department of Education*)
 - Renewal of Certificate - \$25.00 **non-refundable** certification fee (check or money order, payable to the Louisiana Department of Education). This renewal fee applies to all ancillary certificates with the exception of Artist certificates.

All application materials are to be sent to the Louisiana Department of Education as a single packet. Once the complete set of application materials is received, the application packet will be evaluated for purposes of issuing a Louisiana ancillary certificate to the applicant. We regret that we are unable to process requests that are missing any of the required materials; incomplete applications will be returned to the applicant specifying needed documentation.

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.

"An Equal Opportunity Employer"

Revised 2/13/07

- ◆ **Contact Information:** If there are questions about requirements or the certification process, please contact 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.

ANCILLARY CERTIFICATE TYPES

CERTIFICATION AREA	DOCUMENTATION REQUIRED
Artist (Valid for one school session)	<ol style="list-style-type: none"> 1. Verification from system that applicant will be employed to teach specific art area 2. Evidence of substantial professional recognition (e.g., letters from representatives of the arts community, gallery directors, art center directors, reporters) 3. Evidence of substantial artistic or creative accomplishments (e.g., newspaper articles, programs, playbills, published music scores, brochures) Photos, slides and actual artwork are not acceptable
Art Therapist (Valid as long as individual remains in same system)	<ol style="list-style-type: none"> 1. Official transcripts showing the completion of an Art Therapy degree program from a regionally accredited college or university 2. Copy of registration from American Art Therapy Association 3. Verification of pre-clinical experience
Audiologist-Provisional (Valid 3 years – nonrenewable)	<ol style="list-style-type: none"> 1. Official transcripts showing a master’s degree in audiology earned at a regionally accredited college or university 2. Verification that applicant will work under the supervision of a licensed audiologist
Audiologist-Qualified (Valid as long as holder maintains a current LA Audiologist license)	<ol style="list-style-type: none"> 1. Official transcripts showing a master’s degree in audiology earned at a regionally accredited college or university 2. Copy of current Louisiana licensure as an Audiologist
Child Nutrition Program Supervisor (Food Service) (Valid for life with continuous service)	<ol style="list-style-type: none"> 1. Master’s degree in Home Economics, Family & Consumer Sciences, Institutional Management, Nutrition, Dietetics, Business Administration, Food Technology or Public Health Nutrition earned at a regionally accredited college or university 2. Three years of experience in home economics, family & consumer science, or quantity food management. 3. Twenty-one (21) semester hours (See <i>Bulletin 746</i> for full list of coursework)
Child Nutrition Program Supervisor (Nutrition) (Valid for life with continuous service)	<ol style="list-style-type: none"> 1. Master’s degree in Home Economics, Family & Consumer Sciences, Institutional Management, Nutrition, Dietetics, Business Administration, Food Technology or Public Health Nutrition earned at a regionally accredited college or university 2. Three years of experience in home economics, family & consumer science, or quantity food management 3. Forty-two (42) semester hours (See <i>Bulletin 746</i> for full list of coursework)
Child Nutrition Program Supervisor Provisional (Nutrition or Food Service) (Valid for school year; renewable annually)	<ol style="list-style-type: none"> 1. Special certificate can be issued to an applicant serving in this capacity with the understanding that six (6) semester hours are completed each year for renewal
Child Search Coordinator (Valid as long as ancillary certificate remains valid)	<ol style="list-style-type: none"> 1. Must hold valid ancillary certificate for social worker, speech therapist, school psychologist, speech pathologist, or guidance counselor 2. Master’s degree earned at a regionally accredited college or university 3. At least six (6) semester hours in special education coursework 4. Three years of experience in certified area
Dance Therapist (Bachelor’s) (Valid as long as individual remains in same system)	<ol style="list-style-type: none"> 1. Official transcript showing the completion of a degree in Dance Therapy from a regionally accredited college or university 2. Official transcripts showing the completion of two (2) semesters of a practicum completed in both a clinical and school setting 3. Copy of registration by the American Dance Therapy Association
Dance Therapist (Master’s) (Valid as long as individual remains in same system)	<ol style="list-style-type: none"> 1. Official transcripts showing the completion of a master’s degree in Dance Therapy from a regionally accredited college or university 2. Copy of registration by the American Dance Therapy Association

Family and Consumer Science (Occupational Programs) (Valid for three years; renewable)	<ol style="list-style-type: none"> 1. Bachelor's degree in subject area of Family and Consumer Science earned at a regionally accredited college or university 2. Twelve (12) semester hours in professional education courses, to include the organization and administration of Family and Consumer Sciences occupational programs 3. Two thousand (2000) hours of work experience in the occupational area
Junior ROTC (Valid for five (5) years; renewable upon request of the Louisiana employing authority.)	<ol style="list-style-type: none"> 1. Retirement from active duty in the retired grades of E-6 through E-9, WO-1 through CWO-5, O3 through O6; and 2. Official Recommendation by appropriate branch of the military service with certification by the appropriate Department of defense.
Music Therapist (Valid as long as individual remains in same system)	<ol style="list-style-type: none"> 1. Official transcript showing the completion of a degree in Music Therapy from a regionally accredited college or university 2. Copy of registration by the National Association of Music Therapy, Inc. 3. Verification of pre-clinical experience
Nonpublic Montessori (Valid for life with continuous service)	<ol style="list-style-type: none"> 1. Diploma indicating the completion of an approved Montessori training program
Occupational Therapist-Provisional (Valid 2 years -nonrenewable)	<ol style="list-style-type: none"> 1. Copy of Louisiana Temporary Occupational Therapist License
Occupational Therapist- Qualified (Valid 5 Years – renewable)	<ol style="list-style-type: none"> 1. Copy of Valid Louisiana Occupational Therapist License 2. Verification of two years of experience as a occupational therapist
Physical Therapist- Provisional (Valid 2 years – nonrenewable)	<ol style="list-style-type: none"> 1. Copy of Louisiana Temporary Physical Therapist License
Physical Therapist- Qualified (Valid 5 Years – renewable)	<ol style="list-style-type: none"> 1. Copy of Valid Louisiana Occupational Therapist License 2. Verification of two years of experience as a occupational therapist
Recreation Therapist (Bachelor's) (Valid as long as individual remains in same system)	<ol style="list-style-type: none"> 1. Official transcripts showing the completion of Introduction to the Exceptional Child-three semester hours and Psychology of the Exceptional Child-three semester hours 2. Copy of registration by the National Therapeutic Society
Recreation Therapist (Master's) (Valid as long as individual remains in same system)	<ol style="list-style-type: none"> 1. Official transcripts showing the completion of a Recreation Therapy Degree from a regionally accredited college or university 2. Official transcripts showing the completion of Introduction to the Exceptional Child-three semester hours and Psychology of the Exceptional Child-three semester hours 3. Copy of registration by the National Therapeutic Society 4. Verification of pre-clinical experience
School Counselor (Valid for three-years – renewable)	<ol style="list-style-type: none"> 1. Official transcripts showing the completion of a master's degree from a regionally accredited college or university 2. Completion of coursework required for school counselor 3. Counseling practicum completed in a school setting
School Librarian (Valid for five years – renewable)	<ol style="list-style-type: none"> 1. Official transcripts showing the completion of a master's degree in library science. 2. Passing score on PRAXIS 0310 Library Media Specialist exam.
School Nurse- Type C (Valid 3 years – renewable)	<ol style="list-style-type: none"> 1. Copy of current Louisiana registered nurse license 2. Verification of two years of service as a registered nurse
School Nurse- Type B (Valid 5 years – renewable)	<ol style="list-style-type: none"> 1. Official transcripts showing six (6) semester hours of nursing or health related courses earned at a regionally accredited college or university (If individual already has degree in nursing or health related area, the six (6) hours are not required.) 2. Completed Experience Verification Form verifying three years service as a Type C School Nurse 3. Copy of current Louisiana registered nurse license
School Nurse- Type A (Valid for life with continuous service)	<ol style="list-style-type: none"> 1. Official transcripts of baccalaureate degree in nursing or health related area earned at a regionally accredited college or university 2. Completed Experience Verification Form verifying five years service as a Type B School Nurse 3. Copy of current Louisiana registered nurse license

School Psychologist- Provisional (Valid 1 year, renewable once)	<ol style="list-style-type: none"> 1. Official transcript showing the completion of a bachelor's degree from a regionally accredited college or university 2. Letter from director of training program verifying completion of sixty (60) required semester hours, with the exception of the internship
School Psychologist- Level B (Valid 5 years)	<ol style="list-style-type: none"> 1. Official transcript showing the completion of a master's or specialist degree in School Psychology, including an internship earned at a regionally accredited college or university
School Psychologist- Level A (Valid 5 years)	<ol style="list-style-type: none"> 1. Official transcript showing the completion of a doctorate degree in school psychology, including an internship earned at a regionally accredited college or university
School Psychology- Supervisor (Valid as long as certificate is valid)	<ol style="list-style-type: none"> 1. Valid Type A or B school psychologist certificate 2. Verification of three years of supervised experience as a school psychologist; two years must have been in Louisiana
Social Worker- Provisional (Valid 3 years - nonrenewable)	<ol style="list-style-type: none"> 1. Official transcripts indicating master's degree in social work earned at a regionally accredited college or university 2. Copy of Louisiana Provisional Graduate Social Worker Certificate and verification that applicant will work under Licensed Social Worker
Social Worker- Qualified (Valid as long as individual holds a current license)	<ol style="list-style-type: none"> 1. Official transcripts showing the completion of a master's degree in social work earned at a regionally accredited college or university 2. Copy of Louisiana Graduate Social Worker Certificate or Clinical Social Worker License 3. Verification of experience in a social worker setting
Speech Pathologist Assistant (Valid for three years)	<ol style="list-style-type: none"> 1. Official transcripts showing the minimum of a bachelor's degree in speech/language pathology earned at a regionally accredited college or university 2. Verification of 100 clock hours of supervised clinical practicum either in the form of licensure, letter from program director, or a copy of a Louisiana provisional speech pathologist license
Speech Pathologist (Provisional) (Valid for three years; nonrenewable)	<ol style="list-style-type: none"> 1. Master's degree in speech pathology earned at a regionally accredited college or university
Speech Pathologist (Qualified) (Valid as long as individual holds a current license)	<ol style="list-style-type: none"> 1. Master's degree in speech pathology earned at a regionally accredited college or university 2. Copy of current Louisiana licensure as a Speech Pathologist
Speech Therapist (Valid 3 years)	<ol style="list-style-type: none"> 1. Official transcripts showing master's degree in speech communication disorders earned at a regionally accredited college or university 2. Copy of American Speech and Hearing Association (ASHA) license or letter from the director of an ASHA approved training program verifying that all requirements have been met, with the possible exception of the Clinical Fellowship Year (CFY) year
Talented (Valid as long as individual remains in same system)	<ol style="list-style-type: none"> 1. Verification from system that applicant will be employed to teach specific talented area 2. Verification of a minimum of one year of working with students in the specific arts area at the specific level. 3. Master's degree in Music, Art, or Theatre earned at a regionally accredited college or university <p style="text-align: center;">-or-</p> <ol style="list-style-type: none"> 4. Verification of substantial artistic or creative accomplishment over an extended period of time (e.g., copies of newspaper articles, programs, brochures, playbills, published music, magazine articles, catalogs, letters from peers) <i>Photos, slides, and/or actual art work are not acceptable.</i>

**LOUISIANA DEPARTMENT OF EDUCATION
CERTIFICATION AND PREPARATION**

ANCILLARY APPLICATION

_____ **Initial Ancillary Certificate** _____ **Renewal of Ancillary Certificate**

PLEASE TYPE OR PRINT IN INK

Social Security Number _____ - _____ - _____		Date of Birth _____	
Name of Applicant: _____			
(First)	(Middle)	(Maiden)	(Married)
Address: _____			
(Street)	(City)	(State)	(Zip Code)
Phone: Home: (____) _____		Work: (____) _____ Parish of Residence: _____	

EDUCATIONAL QUALIFICATIONS

Degree(s) Earned	Institution(s)	Date Degree(s) Earned

REQUESTED CERTIFICATE (Please check appropriate box)

Artist	Family & Consumer Science (Occ)	School Social Worker
Artist: Art		Provisional
Artist: Creative Writing	Junior ROTC	
Artist: Dance	School Librarian	Qualified
Artist: Drama		
Artist: Music	School Nurse	
Artist: Visual Arts	School Nurse-Type C	Talented
	School Nurse-Type B	Talented: Music
Audiologist	School Nurse-Type A	Talented: Theatre
Provisional		Talented: Visual Arts
Qualified	Speech Language Pathologist-Assistant	
		Therapists
Child Nutrition Program Supervisor	Speech Pathologist	Art Therapist
Food Service	Provisional	Dance Therapist
Nutrition	Qualified	Music Therapist
One-Year Provisional		Occupational Therapist
	School Psychologist	Physical Therapist
Child Search Coordinator	Level A	Recreation Therapist
	Level B	Speech Therapist
Counselor K-12	Provisional	
	Supervisor	Montessori

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

Employing School District: _____

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

The signature of the employing school or school district may be required for a Renewal or a Higher Level Certificate.

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**

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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