
ANCILLARY SERVICE CERTIFICATION APPLICATION

By completing this application, applicants may request issuance or renewal of an ancillary service certificate. This is a stand-alone certificate issued to individuals holding qualifying degrees or specialized credentials. The certificate allows one to serve in a Louisiana school system setting. This application packet does not include Ancillary Teaching, Ancillary Early Childhood, Mentor Teacher, or Content Leader certification; there are [separate application packets](#) for those certification requests. Ancillary certification to serve as a School Counselor or Librarian would be requested on the [Ancillary Teaching Certification request](#) since those are renewable with effectiveness, like teaching. Upon receipt of the completed forms and appropriate processing fee as noted on the [Certification Processing Fee Schedule](#), a certification case will be opened in the Teacher Certification Management System (TCMS) which is trackable online. If additional information is needed or feedback is provided, that information can be viewed online by checking the [Status of a Certification Application here](#). Evaluations will be provided via the online portal in response to the certification submission case.

Official Transcripts

Transcripts must be official for all certification purposes. Official transcripts should be mailed or emailed directly to **you or your employing school system** and will be considered official when scanned and/or uploaded to the online certification portal with your certification application packet. The Certification office does not accept transcripts sent directly via email or paper mail. All degrees reflected on official transcripts included with the application will be added to an initial certificate. Once the initial certificate has been issued, the [Evaluation, Add-on, Course Approval, & Name Change application](#) and a processing fee may be required to add additional degrees.

Licenses

Professional licenses must be valid *at the time of application processing*. Ensure a copy of the most current license is included with the application. If the professional license is nearing expiration, the license should be renewed prior to submitting an application. Although an Ancillary Service certificate has a specified validity period, many Ancillary Service certificates are only considered valid if the corresponding professional license is valid.

Submitting the Application

Submit a completed application packet (including required documentation) through the online [educator certification portal](#). The following items are required* as part of a complete application packet and must be signed and dated with current date:

1. **Copy of Applicant Social Security Card & Driver's License*** (required with every application)
2. **Ancillary Service Certification (AS) Application** form*
3. **A completed, Self-Evaluation Checklist** (required for initial certification when there is a link to the checklist in certification area column of chart below). Self-evaluations are not required with renewal.
4. **Professional Conduct** form* with all questions answered, signed, and dated by the applicant.
5. **Ancillary Service Experience Verification** form, [Out-of-State Attestation](#) form (if applicable), or other official documents from previous employers verifying experience. If verification of experience is required for certification or renewal, the request must be submitted by the employing school system.
6. **Official transcripts** (if applicable and/or if not already submitted to the certification office).
7. **Qualifying documents*** (see chart below to determine qualifying documents required relative to requested area such as professional licensure)
8. **Copy of Online Payment Confirmation** email or screenshot* - Use [Processing Fee Schedule](#) to determine amount due. Payment is non-refundable and does not guarantee certification but is used for review of submitted documents. Payments are made online through the payment portal on [TeachLALive!](#). The email confirmation or screenshot is required. The confirmation number alone is not accepted. Applications that do not include the email confirmation or payment success screen will be returned without processing.

CERTIFICATION AREA	DOCUMENTATION REQUIRED
<p>Art Therapist (Valid as long as individual remains in same system)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcripts showing the completion of an Art Therapy degree program* • Copy of registration from American Art Therapy Association • Verification of pre-clinical experience • Renewal Guidelines: The Louisiana Employing School System must request renewal with any change of employment to another school system
<p>Audiologist-Provisional (Valid 3 years, nonrenewable)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcripts showing a graduate degree* awarded in audiology • Verification that applicant will work under the supervision of a licensed audiologist - Include supervising audiologist's name and valid Louisiana license
<p>Audiologist-Qualified (Valid as long as holder maintains a current LA Audiologist license)</p>	<ul style="list-style-type: none"> • Official transcripts showing a graduate degree* awarded in audiology • Copy of current Louisiana licensure as an Audiologist
<p><u>Behavior Analyst - Assistant</u> (Valid as long as license is valid)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcripts showing bachelor's degree awarded* • Copy of valid assistant level certification issued by the Behavior Analyst Certification Board (BACB) or Comprehensive Application of Behavior Analysis to Schooling Board (CABAS) • Must have direct supervision - Include supervisor's name and valid BCBA certification
<p><u>Behavior Analyst</u> (Valid as long as license is valid)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcripts showing a graduate degree awarded* • Copy of valid behavior analyst certification (BCBA) issued by the Behavior Analyst Certification Board (BACB) or Comprehensive Application of Behavior Analysis to Schooling Board (CABAS)
<p>Child Nutrition Program Supervisor (Valid for one year, renewable)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Letter from employing school system verifying student enrollment • Completion documentation verifying the completion of 8 hours of food safety training • Official transcripts* with qualifying education in alignment with eligibility requirements for employing school system's student enrollment • Renewal Guidelines: Renewable each year upon presentation of completion of 12 hours of annual continuing education/training which includes, but not limited to, admin practices in school meal application, certification/verification, and meal counting/claiming procedures, and any other training needed to address program integrity/critical issues. The Louisiana Employing School System must request renewal.
<p>Child Nutrition Program Supervisor Provisional (Valid for one year; renewable annually up to five years)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • High School Diploma (or equivalent) • Two years of relevant school nutrition programs experience • At least eight hours of food safety training either not more than five years prior to the date of employment or completed within 30 calendar days of the date of employment • Renewal Guidelines: Renewable each year upon presentation of 12 hours of annual food service continuing education/training. The Louisiana Employing School System must request renewal.
<p><u>Child Search Coordinator</u> (Valid as long as ancillary certificate remains valid)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Must hold valid ancillary certificate for social worker, speech therapist, school psychologist, speech pathologist, or school counselor • Official transcripts showing a graduate degree* awarded • At least six (6) semester hours in special education coursework • Verification of three years of experience in certified area
<p>Dance Therapist (Bachelor's) (Valid as long as individual remains in same system)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcript showing the completion of a degree* in Dance Therapy • Official transcripts showing the completion of two (2) semesters of a practicum completed in both a clinical and school setting • Copy of registration by the American Dance Therapy Association • Renewal Guidelines: The Louisiana Employing School System must request renewal with any change of employment to another school system
<p>Dance Therapist (Graduate) (Valid as long as individual remains in same system)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcripts showing the completion of a graduate degree* in Dance Therapy • Copy of registration by the American Dance Therapy Association • Renewal Guidelines: The Louisiana Employing School System must request renewal with any change of employment to another school system

<p><u>Educational Diagnostician</u> (Valid 5 years - renewable)</p>	<ul style="list-style-type: none"> • Hold current national certification as an educational diagnostician (NCED) through the National Certification Educational Diagnostician Board • Renewal Guidelines: Complete 150 continuing learning units of district-approved and verified professional development over the five year validity period of the certificate or hold current national certification as an educational diagnostician (NCED) through the National Certification Educational Diagnostician Board. The Louisiana Employing School System must request renewal.
<p><u>Mental Health Counselor-Provisional</u> (Valid 2 years, nonrenewable)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Hold a valid Louisiana PLPC, LPC, MFT, LCSW, certification as a School Psychologist, or current Louisiana licensure as a psychologist • Have two years of experience as a school psych, social worker, or mental health counselor within the last five years working directly with children. Experience may be verified on letterhead or other official documentation from a previous employer or by the employing Louisiana school system.
<p><u>Mental Health Counselor-Qualified</u> (Valid as long as the individual holds valid license)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Hold a valid Louisiana PLPC, LPC, MFT, LCSW, certification as a School Psychologist, or current Louisiana licensure as a psychologist • Have two years of experience as a mental health counselor while serving on the Ancillary Provisional Mental Health Counselor certificate
<p>Music Therapist (Valid as long as individual remains in same system)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcript showing the completion of a degree* in Music Therapy • Copy of registration by the National Association of Music Therapy, Inc. • Verification of pre-clinical experience • Renewal Guidelines: The Louisiana Employing School System must request renewal with any change of employment to another school system
<p><u>Occupational Therapist-Certified Licensed Occupational Therapist Assistant (COTA)</u> (Valid 5 years -renewable)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Copy of valid Louisiana COTA License • Must work under a Licensed Occupational Therapist - Include supervising Licensed Occupational Therapist's name and valid Louisiana license • Renewal Guidelines: The Louisiana Employing School System must request renewal and include copy of current Louisiana COTA license and supervising Occupational Therapist's license.
<p><u>Occupational Therapist-Provisional</u> (Valid 2 years, nonrenewable)</p>	<ul style="list-style-type: none"> • Copy of valid temporary license to practice occupational therapy in Louisiana.
<p><u>Occupational Therapist- Full Certificate</u> (Valid 5 years – renewable)</p>	<ul style="list-style-type: none"> • Copy of valid Louisiana Occupational Therapist License • Renewal Guidelines: The Louisiana Employing School System must request renewal and include copy of current Louisiana Occupational Therapist license.
<p>Orientation & Mobility (Valid as long as holder maintains a current national certification in orientation and mobility)</p>	<ul style="list-style-type: none"> • Bachelor's or graduate degree* in orientation and mobility or completion of an individual plan of study in orientation and mobility at an accredited college or university • Current national certification issued by the Academy for Certification of Vision Rehabilitation & Educational Professionals (COMS) or the National Blindness Professional Certification Board (NOMC)
<p>Physical Therapist- Assistant (Valid 5 years – renewable)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Copy of valid Louisiana PTA License • Must work under the supervision of a licensed physical therapist - Include supervisor's name and valid Louisiana Physical Therapist license • Renewal Guidelines: The Louisiana Employing School System must request renewal and include copy of current Louisiana PTA license and supervising Physical Therapist's license.
<p><u>Physical Therapist- Provisional</u> (Valid 2 years, nonrenewable)</p>	<ul style="list-style-type: none"> • Copy of valid temporary Louisiana Physical Therapist License
<p><u>Physical Therapist- Full Certificate</u> (Valid 5 years – renewable)</p>	<ul style="list-style-type: none"> • Copy of valid Louisiana Physical Therapist License • Renewal Guidelines: The Louisiana Employing School System must request renewal and include copy of current Louisiana Physical Therapist License
<p><u>School Psychologist- Provisional</u> (Valid 1 year, renewable once)</p>	<ul style="list-style-type: none"> • Official transcripts showing the completion of a bachelor's degree* • Official transcripts and letter from director of training program verifying completion of sixty (60) required semester hours, with the exception of the internship • Renewal Guidelines: May be renewed once when necessary to complete the internship with a letter from the director of the training program or intern supervisor • The employing Louisiana school system may request the Provisional certificate for one year for the holder of a lapsed standard Ancillary School Psychologist Type A or B certificate who has not met requirements for renewal of the Type A or B certificate

<p><u>School Psychologist- Level B</u> (Valid 5 years - renewable)</p>	<ul style="list-style-type: none"> Official transcript showing the completion of a master's or specialist degree* in School Psychology, including an internship Renewal Guidelines: The Louisiana Employing School System must request renewal. See School Psychologist self-evaluation for renewal requirements.
<p><u>School Psychologist- Level A</u> (Valid 5 years - renewable)</p>	<ul style="list-style-type: none"> Official transcript showing the completion of a doctorate degree* in school psychology, including an internship Renewal Guidelines: The Louisiana Employing School System must request renewal. See School Psychologist self-evaluation for renewal requirements.
<p>School Psychology- Supervisor (Valid as long as Ancillary School Psychologist Type A or B certificate is valid)</p>	<ul style="list-style-type: none"> Application signed & submitted by LA Employing School System Valid Ancillary School Psychologist Type A or B certificate Verification of three years of supervised experience as a school psychologist; two years must have been in Louisiana
<p><u>Social Worker- Provisional</u> (Valid 3 years, nonrenewable)</p>	<ul style="list-style-type: none"> Application signed & submitted by LA Employing School System Official transcripts indicating master's degree* in social work Copy of valid Louisiana LMSW Verification that applicant will work under Licensed Clinical Social Worker (LCSW) - Include supervising LCSW's name and valid Louisiana LCSW certification
<p><u>Social Worker- Qualified</u> (Valid as long as individual holds a current license)</p>	<ul style="list-style-type: none"> Application signed & submitted by LA Employing School System Official transcripts showing the completion of a master's degree* in social work Copy of valid Louisiana LCSW; or Copy of valid LMSW with verification of supervision and experience in a social work practice setting <ul style="list-style-type: none"> Include supervising LCSW's name and valid Louisiana LCSW certification Experience may be verified on letterhead or other official documentation from a previous employer or by the employing Louisiana school system
<p>Speech Pathologist Assistant (Valid 3 years; renewable)</p>	<ul style="list-style-type: none"> Application signed & submitted by LA Employing School System Official transcripts showing the minimum of a bachelor's degree* in speech/language pathology 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 Verification that applicant will work under Licensed Speech-Language Pathologist (SLP) - Include supervising SLPs name and valid Louisiana SLP license Renewal Guidelines: The Louisiana Employing School System must request renewal
<p><u>Speech Pathologist (Provisional)</u> (Valid 3 years; nonrenewable)</p>	<ul style="list-style-type: none"> Master's degree* in speech pathology
<p><u>Speech Pathologist (Qualified)</u> (Valid as long as individual holds a current license)</p>	<ul style="list-style-type: none"> Master's degree* in speech pathology Copy of current Louisiana licensure as a Speech Pathologist
<p>Speech Therapist/ASHA (Valid 3 years; renewable)</p>	<ul style="list-style-type: none"> Copy of American Speech and Hearing Association (ASHA) Certificate of Clinical Competence 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 Renewal Guidelines: The Louisiana Employing School System must request renewal. Certificate may be changed to "valid for life with continuous service" with verification of three years of service as a speech therapist.

* Degrees and coursework use for Louisiana certification purposes must be earned from a college or university [accredited in accordance with 34 CFR 602](#).

Contact Information: All questions regarding certification requirements or the certification process, can be answered by contacting the Louisiana Department of Education's online [educator certification portal](#). All applications will be evaluated in the order in which they are received. You can check the status of a certification application [online HERE](#).

Handwritten documents will not be accepted for certification processing.

Social Security Number _____ (no dashes, no spaces)	Email Address: _____
Legal Name of Applicant: _____	Date of Birth: _____
Check here if requesting name change; updated to match SS Card submitted.	
Address: _____	
(Street)	(City)
(State)	(Zip Code)
Phone: (____) _____	LA Certificate #: _____
Payment Confirmation # _____ <small>(Provide email confirmation or screenshot of payment with documents)</small>	

Educational Qualifications:

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

Select the Ancillary Service Certification Area to be Issued or Renewed

****If requesting renewal, [verify current certificate](#) held.****

I/We request the issuance or renewal of an ancillary service certificate appropriate to the applicant's credentials. I agree that my typed/electronic signature as entered below is the legal equivalent of my manual signature on this application.

Signature of Applicant:

Date:

Signature of LA Employing School System:

Date:

Name of Louisiana Employing School System:

Employing School System Email:

APPLICANT'S LEGAL NAME:	SSN (No Dashes):
ADDRESS (Street Address, Including City, State, Zip):	DATE OF BIRTH (MM/DD/YYYY):

ANSWER <u>ALL</u> QUESTIONS	Check	
	YES	NO
1. Have you ever had a professional license or certificate denied, suspended, revoked, censured, or voluntarily surrendered? If YES , what type of professional license/certificate? _____ 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?		
3. Have you ever been convicted of a criminal offense? If YES , when was the date of conviction: _____		

If you answered “**YES**” to any of the questions above, you must provide copies of any proceedings or other relevant explanatory documents that provide full disclosure of the nature and circumstances of **EACH** separate incident to be included with the application packet.



Pursuant to Louisiana law R.S. 15:587.1, background checks shall disclose **ALL CONVICTIONS**, (Including but not limited to expungements, first offender pardons and pre-trial diversion). Criminal Background Checks (CBCs) are conducted in accordance with La. R.S. 17:15 and La. R.S. 15:587.1.

BESE policy set forth in [Bulletin 746-Louisiana Standards for State Certification of School Personnel](#) addresses actions related to the suspension, denial, and revocation of Louisiana Certificates.

I affirm and declare that all information given by me in the responses to items #1 through #3 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 teacher certificate. I agree that my electronic, typed signature as entered below is the legal equivalent of my manual signature on this document.

SIGNATURE OF APPLICANT:

DATE SIGNED:

ANCILLARY SERVICE EXPERIENCE VERIFICATION FORM

*This document is to be completed by a **Louisiana employing school system** as official verification of the applicant's experience.*

****Handwritten documents are not accepted for certification processing****

Employee's Legal Name:	Date of Birth (MM/DD/YYYY):	SSN (No Dashes):
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Name of School, District, or Facility	Type of Facility <small>(e.g. School, Hospital, Clinic, Office, etc.)</small>	Dates of Service MM/YYYY-MM/YYYY <small>(e.g. 08/2018-06/2020 -or- 08/2019 – current)</small>	Service Provided <small>(e.g. Mental Health Counseling, Physical Therapy, etc.)</small>	Ages Served	Employee's Role or Job Title
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Applicant Signature:	
<i>I attest that the information provided has been verified by the Louisiana employing school system. I agree that my typed/electronic signature as entered below is the legal equivalent of my manual signature on this application.</i>	
Employing School System Signature:	Date Verified:
Louisiana Employing School System:	Contact Email: