
MILITARY OUT-OF-STATE CERTIFICATION APPLICATION

The Military Out-of-State application packet is used by educators who are active military or military spouse applicants and who have **successfully completed a teacher preparation program in another state/country** in order to obtain a standard Louisiana teaching certificate with or without [exams](#), with or without actually obtaining a certificate in the state/country where prepared as a teacher. *(If prepared by a [Louisiana teacher preparation program/university](#), even if the educator has obtained certification in another state, the educator should contact the university/program provider for assistance in completing the Initial (IN) Application as the recommendation must be directly submitted by the university/program provider.)*

An out-of-state graduate must have the following to be eligible for Louisiana's Out-of-State (OS) certificate:

1. Possess a minimum of a baccalaureate degree from a college/university [accredited in accordance with 34 CFR 602](#). Official transcripts must be submitted for all degrees earned. Applicants should send the transcripts to themselves or to their employing school system for upload to the online portal. If the degree was earned in a foreign country, the transcripts/foreign credentials will need to be reviewed by [a credentialing evaluation agency](#) following the standards of the American Association of Collegiate Registrars and Admissions Officers (AACRAO) for evaluation where a course-by-course evaluation including comparability of the baccalaureate degree in the field of education is provided.
2. Hold or be eligible to hold a standard professional level out-of-state teaching certificate as documented with a copy of the certificate AND the Teacher Preparation/Certification Status form (included with this application packet). If no certificate was issued in another state, the Teacher Preparation/Certification Status form will serve as documentation indicating deficiency which may permit certification in Louisiana.
3. Completion of student teaching, an internship, or year(s) of teaching experience as required by the teacher preparation program provider as documented on the transcript and/or the [Out-of-State Experience Verification Attestation](#) form (included with this application packet). Year(s) of teaching experience accepted in lieu of student teaching or internship must be indicated as successful.

A letter of eligibility for OS or Level certification will be issued to educators who meet the requirements above indicating the certification areas which will appear on the certificate when issued. Teaching areas designated on the letter/certificate are based upon the educator's teacher preparation concentration area, reciprocity with other state teaching certificate(s) the educator may hold, and certification areas available in Louisiana.

Using the letter of eligibility, the educator may seek employment in a Louisiana school system as a teacher-of-record. Once employed, the school system will submit a letter verifying employment, requesting issuance of the appropriate certificate by uploading the letter and a new professional conduct form signed/dated by the educator. If the educator is employed in a Louisiana school system prior to applying for certification, the employing school system must sign and submit the OS application packet on behalf of the educator, allowing immediate issuance of the certificate.

An out-of-state graduate who has fulfilled all requirements above and who has successfully passed all [parts of Louisiana Praxis](#) in alignment with the initial teacher preparation program area as verified on the Teacher Preparation/Certification Status form may be issued the five-year Military OS if less than three years of teaching experience is verified as successful to qualify for the renewable/advanceable Level 2, or 3 certificate.

Three or more years of successful teaching experience outside of Louisiana will fulfill the exam requirements. Educators meeting the above requirements with at least three years of teaching experience verified as successful using the [Out-of-State Experience Verification Attestation form](#) (included with this application packet) may bypass the five-year Military OS and receive a standard, renewable/advanceable, Level 2 or 3 certificate depending on degree(s) earned and documented experience. Policy also allows the examinations required for National Board Certification (NBCT) to fulfill prescribed Praxis requirements. Enclose a valid copy of the NBCT certification for consideration.

For active military or military spouse applicants not meeting exam exemption via one of the methods listed above, and holding a standard professional certificate in another state, a five-year non-renewable Military OS certificate will be issued, during which time the educator must earn at least three effective ratings as a teacher to advance to the standard, renewable/advanceable, Level 2 or 3 certificate depending on degree(s) earned and documented experience.

By enclosing all application documentation, the certification office will determine which certificate to issue based upon the following guidelines:

- If not employed, the certification eligibility letter is issued.
- Once employed, the following will be considered when the employing school system requests certification issuance with employment verification:
 - If the educator has NOT fulfilled the exam requirement(s), the five-year Military OS is issued.
 - If the educator has fulfilled the exam requirement(s), but less than three years of successful teaching experience is verified, the Military OS is issued.
 - If the educator has fulfilled the exam requirement(s) and has a minimum of three years of successful teaching experience documented, the Level 2 is issued.
 - If the educator has fulfilled the exam requirement and has a minimum of five years of successful teaching experience verified, and has earned a graduate degree, the Level 3 is issued.

Submitting application: The educator, or if employed, the Louisiana employing school system, submits the following items as a single PDF file 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** (required with every application)
 2. **Copy of Military ID** (required to receive expedited processing and the benefits of the Military OS) If the military ID does not indicate 'active' service on the ID, then official explanatory documentation must be included.
 3. **Application form (required)** with all information provided, signed and dated within the last 90 days
 4. **Professional Conduct form (required)** with all questions answered, signed, and dated by the applicant
 5. **Official Transcripts or Equivalency Evaluation Transcript (required)** showing all degree(s) awarded/earned and coursework. Official transcripts must be included with the application and are not accepted when sent directly to LDOE via mail or email. Applicants should send the transcripts to themselves or to their employing school system for upload to the online portal.
 6. **Teacher Preparation/Certification Status form (required)** completed by a Dean of the College of Education, the Director of the Alternate Certification Program or the Out-of-State Department of Education.
 7. **Copy of Teaching Certificate(s)** if educator holds certification in any other state(s)
 8. **Out-of-State Experience Verification Attestation** (if educator has teaching experience in another state)
 9. **Experience Verification form** (if educator has Louisiana teaching experience)
 10. **PRAXIS Exam(s)** scores may be electronically sent to LDOE by Educational Testing Services (ETS), or copies of official ETS score reports may be submitted with application.
 11. **Copy of Online Payment Confirmation (required)** email or screenshot* - Use [Processing Fee Schedule](#) to determine the amount due. Payment is non-refundable and does not guarantee certification but is used for review of submitted documents. Applicant will access the payment portal through the educator account on [TeachLA Live! portal](#) in order to make fee payment to LDOE.
- ◆ **Contact Information:** All questions regarding certification requirements or the certification process, can be answered by submitting your question to the certification office via the online [educator certification portal](#).
 - ◆ All applications will be evaluated in the order in which they are received. You can check the status of your certification application [online HERE](#).

Handwritten documents will not be accepted for certification processing.

Social Security Number _____ Email Address: _____
(no dashes, no spaces)

Legal Name of Applicant: _____ Date of Birth: _____

Check here if requesting name change; name will be changed to match social security card.

Address: _____
(Street) (City) (State) (Zip Code)

Phone: (____) _____ Payment Confirmation # _____
(Provide email confirmation or screenshot of payment with documents)

EDUCATIONAL QUALIFICATIONS (must be documented with transcript/equivalency transcript)

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

DETAILS OF TEACHING EXPERIENCE (attach additional pages as needed; this will officially be verified on the Out-of-State Experience Verification Attestation and/or Experience Verification form included with this application)

Name(s) of School(s)	School Year(s)—Give Dates	Elem. Grade(s), High School Subject(s) Taught, or Supervisory/Admin. Service

I/We request the issuance of the Military OS or Level certificate appropriate to my credentials. I understand that, if not employed as a teacher of record in Louisiana as verified by my school system below, an eligibility letter only will be issued if requirements are met. I certify that the information and documentation contained in my application required for certification in Louisiana are true and accurate to the best of my information, knowledge, and belief, and hereby authorize and direct the producer of any test I have taken as required by law and all college and/or university officials and all former employers to release information regarding my scores, grades, or employment to the Louisiana Department of Education upon its request, for the purpose of verifying the information and documentation contained in this application and packet to determine my eligibility for certification in Louisiana. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

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Signature of Applicant: _____ Date: _____

Louisiana Employing School System (leave blank if not employed): _____

Signature of Employing School System: _____ Date: _____

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To be used by certification office only

NASDTEC Clearinghouse Search: Verified Clear Specialist: _____ Date: _____

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:

Teacher Preparation and Certification Status Form

Use this form if either of the following applies:

- Applicant completed teacher preparation outside of Louisiana and is applying for a Louisiana teaching certificate.
- Applicant earned a degree in education, but is seeking certification via a Louisiana alternative program due to the degree not being a teacher preparation program.

Educator Information – To be completed by the educator as your information appears on your Louisiana certification application	
Name: <i>(First) (Middle) (Last)</i>	SSN:
Address: <i>(Street Address) (City) (State) (Zip code)</i>	
Email Address:	Date of Birth:
<i>I hereby permit the release of this information concerning my certification status to the Louisiana Department of Education. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.</i>	
Educator Signature:	

***** EDUCATOR STOP HERE *****

Teacher Preparation Program and Certification Information – To be completed by the teacher preparation program provider, university, college, or credentialing agency				
1. Indicate the type of teacher preparation program completed and date of completion: <div style="display: flex; justify-content: space-around;"> Traditional/undergraduate program Alternative/post baccalaureate program </div> Date of program completion:				
2. Did the applicant complete student teaching, internship, or teaching residency? If “no” please explain what requirements were met in lieu of the student teaching, internship, or teaching residency. <div style="display: flex; justify-content: space-around;"> YES NO, and explain: </div>				
3. Was the applicant eligible for certification in your state at the completion of the teacher preparation program? Check “Yes” or “No” and complete requested details.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">YES, and indicate subject and grade levels for-</td> </tr> <tr> <td style="padding: 5px;">• initial program area:</td> </tr> <tr> <td style="padding: 5px;">• additional teaching endorsements:</td> </tr> </table>		YES, and indicate subject and grade levels for-	• initial program area:	• additional teaching endorsements:
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• initial program area:				
• additional teaching endorsements:				
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NO, and indicate deficiency, including what initial program area was teacher candidate pursuing-				
• deficiencies:				
• initial program area:				
Name of Program Provider, College, University, or Credentialing Agency providing verification:				
Address: <i>(Street Address) (City) (State) (Zip code)</i>				
Telephone Number:	Email Address:			
<i>My typed signature attests that the above information is true and accurate to the best of my knowledge. I agree that my electronic signature as entered below is the legal equivalent of my manual signature.</i>				
Signature and Title:	Date:			

OUT-OF-STATE EXPERIENCE VERIFICATION FORM

Per Louisiana statute, [R.S. 17:3886](#), educators seeking certification in Louisiana who have out-of-state teaching experience shall not be credited with said experience until it is verified as “successful” experience. To provide evidence of successful out-of-state experience, this form must be completed and signed by the appropriate out-of-state entity either the **out-of-state credentialing agency (Dept. of Education, etc.)** -or- **out-of-state employing school system**. In-state Louisiana employers use the [In-state Experience Verification form](#).

Multiple employers CANNOT be verified on this one form unless verified by credentialing agency. Each School System should complete a separate form when verified by school system(s).

This form should be submitted as a part of the applicant’s certification application via the online portal.

EMPLOYEE’S LEGAL NAME:				DATE OF BIRTH (MM/DD/YYYY):		SSN (No Dashes):	
Name of Country, District, or County	NAME OF SCHOOL	Dates of Service MM/YYYY-MM/YYYY <small>(e.g. 08/2018-06/2020 –or– 08/2019 – current)</small>	Grade Level(s)	Subject Taught or Service Provided	Employee’s Role/Job Title <small>(e.g. Teacher, Substitute, Principal, District Leader, etc.) If role is unique, <u>include a job description</u>.</small>	SELECT Successful OR Unsuccessful <small>as determined through evaluations or other state requirements. Service CANNOT be used for certification purposes if not selected.</small>	
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful

The authorized official hereby assures the LA Department of Education (LDOE) that for the above-mentioned educator:
The educator has the above number of years of successful evaluations, OR If evaluations are not done in my state, the educator has the above number of years of successful education experience as determined by my state’s standards. I do hereby attest that I have read, understand, and agree to the assurances stated in this document. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

SIGNATURE & TITLE OF EMPLOYING AUTHORITY:	DATE VERIFIED:
NAME OF CREDENTIALING AGENCY or EMPLOYING AUTHORITY:	EMPLOYER or AGENCY’S E-MAIL:
MAILING ADDRESS:	PHONE:

IN-STATE EXPERIENCE VERIFICATION FORM

This document is to be completed by a **Louisiana employing school system –or– BESE-approved contracted company** 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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LA School System (Out of State Experience must be verified on form linked here)	NAME OF SCHOOL	Type of School	Dates of Service MM/YYYY-MM/YYYY (e.g. 08/2018-06/2020 –or– 08/2019 – current)	Grade Level(s)	Subject Taught or Service Provided	Employee's Role/Job Title (e.g. Teacher, Substitute, Principal, District Leader, etc.) <i>If role is unique, include a job description.</i>	Method of Evaluation <ul style="list-style-type: none"> • Compass – Verify in CIS • Local Evaluation • Employer Evaluation • Cannot Be Evaluated – include a job description
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I agree & verify the information contained in this document. My electronic signature, as entered below, is the legal equivalent of my manual signature on this application.

SIGNATURE OF APPLICANT:	
SIGNATURE & TITLE OF EMPLOYING AUTHORITY:	DATE VERIFIED:
NAME OF DISTRICT/COMPANY OF EMPLOYING AUTHORITY:	EMPLOYER'S E-MAIL: