
OUT-OF-STATE CERTIFICATION APPLICATION

The Out-of-State application packet is used by educators who **successfully completed a teacher preparation program in another state/country** in order to obtain a standard Louisiana teaching certificate with or without [Praxis 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](#). 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 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).

A letter of eligibility for OS certification will be issued to educators who meet the requirements above indicating the certification areas which will appear on the OS 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 to document OS certification, 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 three-year non-renewable/non-extendable OS 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 may sign and submit the OS application packet on behalf of the educator, allowing immediate issuance of the certificate.

When the OS is issued, a letter indicating the Praxis required to advance from the OS to the renewable/advanceable Level 1, 2, or 3 certificate will be provided to the employing school system who provides it to the educator. Experienced educators with three or more years of successful teaching experience will be presented an option to be excluded from Praxis requirements ([Praxis Exclusion](#)) after successfully teaching one year on the OS in Louisiana. 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.

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 bypass the three-year OS and receive the standard, renewable/advanceable, Level 1, 2, or 3 certificate depending on successful experience documented on the Out-of-State Experience Verification form(s) and if the educator has earned a graduate degree.

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

- If not employed, the OS eligibility letter is issued.
- Once employed, the following will be considered when employing school system requests certification issuance with employment verification:
 - If employed, but has NOT fulfilled Praxis, the OS is issued (assuming there has been employment as a teacher-of-record or coursework within the last five years).
 - If employed, but the educator has not taught within the past five years in a K-12 school setting (with or without Praxis), the one-year non-renewable OS1 certificate is issued while the educator completes six semester hours of refresher coursework. After the coursework is completed, the educator will submit a new OS application packet/fee so that the OS or higher level certificate can be issued.
 - If employed, has fulfilled Praxis, but less than three years of successful teaching experience is verified, the Level 1 is issued.
 - If employed, has fulfilled Praxis, with a minimum of three years of successful teaching experience, the Level 2 is issued.
 - If employed, has fulfilled Praxis, with a minimum of five years of successful teaching experience, and 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 -and- Driver's License/State ID** (these are required with every application even if name change is not requested)
 2. **Application** form with all information provided, signed and dated within the last 90 days
 3. **Professional Conduct** form with all questions answered, signed, and dated by the applicant
 4. **Transcripts or Equivalency Evaluation Transcript** showing degree(s) awarded/earned and coursework
 5. **Copy of Teaching Certificate(s)** (if educator holds certification in any other state(s))
 6. **Teacher Preparation/Certification Status** form to be 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. **Out-of-State Experience Verification Attestation** (if educator has teaching experience in another state)
 8. **Experience Verification form** (if educator has Louisiana teaching experience)
 9. **PRAXIS Exam(s) and/or ACT/SAT Scores (if used in lieu of Praxis I)**- scores may be electronically sent to LDOE by Educational Testing Services (ETS), or copies of ETS score reports may be submitted with application. Acceptable ACT/SAT verification may include the original score report, a letter on official letterhead from college/university verifying composite and all associated sub scores, or a college/high school transcript indicating composite and sub scores.
 10. **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. 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: _____

Legal Name of Applicant: _____ Date of Birth: _____

Check here if requesting name change; must match social security card & driver's license/state ID submitted.

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 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.

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

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

Signature of Employing School System: _____ **Date:** _____

To be used by certification office only

NASDTEC Clearinghouse Search: Verified Clear

Specialist:

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

ANSWER <u>ALL</u> QUESTIONS	Check	
	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 or expungement* for any offense as stated in #3 or #4?		



NOTICE---EXPUNGEMENTS, FIRST OFFENDER PARDONS, PRE-TRIAL DIVERSIONS: Criminal Background Checks (CBCs) conducted for purposes of employment will be conducted in accordance with La. R.S. 17:15 and La. R.S. 15:587.1. Pursuant to Louisiana law R.S. 15:587.1., background checks shall disclose **ALL ARRESTS, COURT ACTION and CONVICTIONS, (Including but not limited to expungements, first offender pardons and pre-trial diversion), and a copy of the report shall be provided to the Louisiana Department of Education (LDE), in addition to the potential employer or LA Education Agency (LEAs)s.**

***Per BESE policy set forth in Bulletin 746, Louisiana Standards for State Certification of School Personnel, Section 903.C, "failure to disclose actions such as first offender pardons, pre-trial diversion, expungements, etc. is grounds for certification denial and/or revocation."**

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 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:
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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 <u>by the educator</u> 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:	

Teacher Preparation Program and Certification Information – To be completed <u>by the teacher preparation program provider, university, college, or credentialing agency</u>	
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. <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> YES, and indicate subject and grade levels for- <ul style="list-style-type: none"> • initial program area: • additional teaching endorsements: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> NO, and explain deficiencies: </div>	
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:

LOUISIANA DEPARTMENT OF EDUCATION

OUT-OF-STATE EXPERIENCE VERIFICATION ATTESTATION FORM

Per Louisiana statute, [R.S. 17:3886](#), educators seeking regular teacher certification in Louisiana who hold a teacher certificate from out-of-state and have out-of-state teaching experience shall not be credited with said experience until receipt of evidence of successful teaching experience.

To provide evidence of successful out-of-state teaching experience, this form must be completed and signed by the appropriate out-of-state entity: **1). Out-of-state credentialing agency (department of education, etc.), or 2.) Out-of-state employing school system.**

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

Social Security Number: _____ Date of Birth: _____

Name: _____ Phone #: (____) _____
 (First) (Middle) (Last)

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

Name of COUNTRY, DISTRICT, or COUNTY	NAME OF SCHOOL	Grade Level(s) Taught/ Served	Subject(s) Taught or Service Provided	School Year(s) Taught/ Served <small>(Ex. 2012-2013, etc.)</small>	Position (Teacher, principal, etc.)	Successful OR unsuccessful service --through evaluations or other state requirements
				-		Successful Unsuccessful
				-		Successful Unsuccessful
				-		Successful Unsuccessful

The authorized official hereby assures the LA Department of Education (LDOE) that for the above-mentioned educator:

1. The educator has the above number of years of successful evaluations, OR
2. If evaluations are not done in my state, the teacher has the above number of years of successful teaching experience as determine by my state’s standards.

I, the authorized official, _____, 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 OF AUTHORIZED OFFICIAL:	DATE:
TYPED OR PRINTED NAME OF AUTHORIZED OFFICIAL AND TITLE:	EMAIL:
ADDRESS OF AUTHORIZED OFFICIAL:	PHONE:

IN-STATE EXPERIENCE VERIFICATION FORM

This document is to be completed by the Louisiana employing school system as official verification of the applicant's work experience. The document is to be completed by typing into the form electronically.

Handwritten documents will not be accepted for certification processing.

Social Security Number: _____ Email Address: _____

Legal Name of Applicant: _____ Date of Birth: _____

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

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(s) Taught or Service Provided	Role (Teacher, Substitute, Principal, District Leader, etc.)
		Public	Non-Public				
				-			
				-			
				-			
				-			
				-			
				-			
				-			

I agree and 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:	DATE:
SIGNATURE OF EMPLOYING AUTHORITY:	DATE:
TITLE & DISTRICT OF EMPLOYING AUTHORITY:	EMPLOYER'S E-MAIL: