

**CERTIFICATION AND EXAM VERIFICATION APPLICATION**

**THIS APPLICATION CANNOT BE USED TO REQUEST ISSUANCE OF ANY TYPE OF CERTIFICATION OR ANY CHANGES TO A CERTIFICATE.**

By completing this application, educators may request that the Certification office complete certification and/or exam verification documents for another state/entity or provide a letter verifying Louisiana certifications already issued and/or exam scores on file. Verification will be provided via the online portal in response to the certification submission case and can be sent to other agencies if noted in the request. A [\\$25 processing fee](#) is required for **each verification** requested. Certification may be officially verified online for no charge at [www.teachlouisiana.net](http://www.teachlouisiana.net). Louisiana's certification structure and policies are outlined in [Bulletin 746, Louisiana Standards for State Certification of School Personnel](#). All questions regarding certification requirements or the process, can be answered by contacting the certification staff through the online [educator certification portal at ldoe.force.com](#).

**Submitting the Application**

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

1. Copy of **Applicant Social Security Card and Driver's License** (required with every application)
2. This **Application** form
3. **Professional Conduct** form with all questions answered, signed, and dated by the applicant
4. **Supplemental Documents** – verification forms to be completed by the Louisiana Department of Education (e.g. other state's documents used to verify certification or Praxis exams) or clear, written explanation of verification needed and how to provide it. If a form is to be completed, the applicant must complete any personal identifying information (name, address, etc.) prior to submitting.
5. Copy of **Online Payment Confirmation email or screenshot** - Applicant will access the payment portal through the educator account on [TeachLA Live! portal](#) so that the fee, appropriate to the request, can be made to LDOE.

**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; must match social security card & driver's license submitted. Certificate must be <a href="#">valid</a> for the name to be changed.	
Address: _____	
(Street)	(City)
(State)	(Zip Code)
Phone: (____) _____	LA Certificate # _____
Payment Confirmation # _____ <small>(Provide email confirmation or screenshot of payment with documents)</small>	

<b>Indicate request:</b>	
	Copy or Verification of Exams – <i>Include additional instructions on where/how the scores should be sent</i>
	Verification of Certification - <i>Enclose additional instructions: where/how the verification should be sent and what a letter needs to state if a letter is needed. If a form is to be completed, applicant must enter any personal identifying information before submitting the request.</i>

**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:

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

<b>ANSWER <u>ALL</u> QUESTIONS</b>	<b>Check</b>	
	<b>YES</b>	<b>NO</b>
1. Have you ever had a professional license or certificate denied, suspended, revoked, censured, or voluntarily surrendered?  If <b>YES</b> , what type of professional license/certificate? _____  If <b>YES</b> , 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 <b>YES</b> , 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:
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