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## WORLD LANGUAGE CERTIFICATE (WLC) PK-12 APPLICATION

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The World Language PK-12 Certification (WLC), formerly known as the Foreign Language Special Certificate (FLS/FLES), is granted to applicants holding degrees and credentials from another country in a specialized language, elementary grades, middle grades, and/or secondary grades who are participating in the Louisiana Department of Education (LDOE) Foreign Associate Teacher Program. A WLC certificate allows one to teach world language and/or immersion in grades PK-12. The [LDOE's World Languages Office](#) will review credentials to determine eligibility in alignment with current policy as outlined in [Bulletin 746](#) and make the recommendation to the Certification Office for issuance/renewal.

The WLC certificate is **valid for six years** and is renewable by successfully meeting the standards of effectiveness for at least three years during the six-year initial or renewal period pursuant to state law and Bulletin 130. The Louisiana employing school system must request renewal of a WLC certificate. **The employer is to use the experience verification form where they would sign in recommendation of the renewal.** Educators holding Foreign Language Special certificates under previous certification structures (FLS/FLES) will be transitioned to the WLC in accordance with current policy.

Educators may transition to the professional Level 1 certificate after successful completion of the exams for the certification area defined in the [Louisiana PRAXIS Score Requirements](#) chart and Bulletin 746. The employing school system would use the "Certification Renewal/Higher/Status Change" application to request the Level 1. The application forms can only be accessed by a verified "Human Resources" portal user.

A foreign language teacher in a certified foreign language immersion program who cannot be certified or issued a license to teach through the board's Foreign Associate Teacher Program may be allowed to teach without passing the required examination, provided the teacher has at least a baccalaureate degree and complies with state laws regarding a criminal background check.

**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)
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. **Copy of degree transcript** indicating an earned bachelor's degree in education or equivalent preparation program in education from a foreign country or higher level degree. The status of the degree will be determined by LDOE's World Languages Office. If the LDOE staff cannot make a determination of degree equivalency, the candidate must have his/her credentials evaluated by a [credentialing agency that follows the standards of the American Association of Collegiate Registrars and Admissions Officers \(AACRAO\) for evaluation](#). The course-by-course evaluation must be submitted and should verify the comparability of the degree(s).
5. **Copy of teaching certificate** issued in applicant's native country
6. **Experience Verification** form completed/signed by the Louisiana employing school system

**No Application fee** is required for this type of certificate.

When the completed application package has been submitted to the certification office it will be sent to the LDOE's World Languages Office, to make a determination regarding your eligibility for a Louisiana WLC certificate.

All applications will be processed in the order in which they are received. The status of a certification application can be verified [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: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ LA Certificate #: \_\_\_\_\_

**Requested Certification Transaction:**

**Educational Qualifications** (must be documented with transcript/equivalency transcript):

| Degree(s) Earned | Institution(s) | Date Degree(s) Earned |
|------------------|----------------|-----------------------|
|                  |                |                       |
|                  |                |                       |
|                  |                |                       |

**Certification Requested in which Language:**

**Certification Area** (check all that apply):

| WLC – Language Only    | WLC – Immersion PK to 8  | WLC Immersion – 6 to 12   |
|------------------------|--------------------------|---------------------------|
| Elementary: PK - 5     | Elementary: PK - 5       | Secondary: Math           |
| Middle School: 6 - 8   | MS: 6 – 8 Math           | Secondary: Science _____  |
| Secondary Grades: 6-12 | MS: 6 – 8 Social Studies | Secondary: Social Studies |
|                        | MS: 6 – 8 Science        | Secondary: Language Arts  |
|                        | MS: 6 – 8 Language Arts  |                           |

**Type of Certificate held in native country:** \_\_\_\_\_  
Subject Year of Issuance

I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

\_\_\_\_\_  
Signature of Applicant Date

**For use by the LDOE's World Languages Office:**  
I certify that the above information is complete and correct according to the records on file in this office.  
I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

\_\_\_\_\_  
LA Dept. of Education's World Languages Specialist 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?<br><br>If <b>YES</b> , what type of professional license/certificate? _____<br><br>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?<br><br>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:

**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<br>LEGAL NAME: | DATE OF BIRTH<br>(MM/DD/YYYY): | SSN<br>(No Dashes): |
|---------------------------|--------------------------------|---------------------|

| <b>LA School System</b><br>(Out of State Experience must be verified on form <a href="#">linked here</a> ) | <b>NAME OF SCHOOL</b> | <b>Type of School</b> | <b>Dates of Service</b><br>MM/YYYY-MM/YYYY<br>(e.g. 08/2018-06/2020<br>–or–<br>08/2019 – current) | <b>Grade Level(s)</b> | <b>Subject Taught or Service Provided</b> | <b>Employee's Role/Job Title</b><br>(e.g. Teacher, Substitute, Principal, District Leader, etc.)<br><i>If role is unique, include a job description.</i> | <b>Method of Evaluation</b> <ul style="list-style-type: none"> <li>• <a href="#">Compass</a> – Verify in <a href="#">CIS</a></li> <li>• <a href="#">Local Evaluation</a></li> <li>• <a href="#">Employer Evaluation</a></li> <li>• Cannot Be Evaluated – include a <a href="#">job description</a></li> </ul> |
|--|-----------------------|-----------------------|---|-----------------------|---|--|---|
|  |                       |                       | -   |                       |   |  |   |
|  |                       |                       | -   |                       |   |  |   |
|  |                       |                       | -   |                       |   |  |   |
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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: |