



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
POST OFFICE BOX 94064, BATON ROUGE, LOUISIANA 70804-9064
Toll Free #: 1-877-453-2721
<http://www.louisianaschools.net>

Certification Update Packet

Dear Applicant:

We are pleased that you are interested in making a change or upgrade to your Louisiana teaching certificate. The instructions outlined in this application packet are designed to facilitate the process of obtaining an updated Louisiana teaching certificate.

Louisiana allows applicants to add degrees, request name changes, add teaching endorsements, receive higher certificates, receive duplicate certificates, extend certificates, reinstate certificates, and request evaluations. When a complete application is received, a determination will be made regarding the requested action. If additional information is needed or a deficiency exists, you will be notified in writing.

Changing a Name on a Certificate

To request a change of name on a certificate, submit a completed application, a copy of marriage license or document of legal name change, and professional conduct form. A \$25.00 certification fee is required.

Receiving a Duplicate Certificate

To request a duplicate certificate, submit a completed application and professional conduct form. A \$10.00 certification fee is required.

Adding a Degree(s) to a Certificate

To request the addition of a degree(s) to a certificate, submit an official transcript, completed application, and professional conduct form. Any request for a +30 endorsement must include verification of all excess graduate coursework earned during the master's degree program. This verification must come from the dean of the graduate school. A \$25.00 fee is required.

Extending or Renewing a Type C, Level 1, Type B, Level 2, Type A, Level 3 or Nonpublic* Type B*, Level 2*, Type A*, or Level 3* Certificates

An expired Type C or Level 1 certificate may be renewed for one additional three-year period upon the request of a Louisiana employing authority. However, if the holder of a Type C, B, A, or Level 1, Nonpublic* Level 2* or 3* certificate has not been employed as the teacher of record for at least one semester during a period of five years, his/her certificate can be reinstated only upon the presentation of six semester hours of credit earned at a regionally accredited institution. Such credit hours shall be resident, extension, or correspondence credit in courses approved by the Division of Certification and Preparation or a dean of a Louisiana college of education. The six semester credit hours of extension must be earned during the five-year period immediately preceding reinstatement. To request the extension or reinstatement of a certificate, submit an official transcript (when applicable), completed application and professional conduct form. A \$25.00 fee is required.

Level 2 and Level 3 teachers must complete 150 clock hours of professional development over a five-year time period in order to have a Level 2 or 3 Professional License renewed. A professional certificate will lapse (a) for disuse if the holder thereof allows a period of five consecutive calendar years to pass in which he/she is not employed as the teacher of record for at least one semester [90 consecutive days], or (b) if the holder fails to complete the required number of professional development hours during his/her employ. Reinstatement of a lapsed certificate shall be made only upon evidence that the holder has earned six semester hours of resident, extension, or correspondence credit in courses approved by the Division of Teacher Certification and Higher Education or a dean of a Louisiana college of education. The six semester credit hours of extension must be earned during the five-year period immediately preceding reinstatement. To request the extension or reinstatement of a certificate, submit an official transcript (when applicable), completed application and professional conduct form. A \$25.00 fee is required.

Requesting a Higher Type B, A, Level 1, Level 2, or Level 3 Certificate

Teachers with a Type C certificate must complete the Louisiana Assistance and Assessment Program and teach for three years in the certified area to receive a Type B Certificate. Teachers with a Type C or Type B Certificate are eligible for a Type A Certificate if they hold a master's degree, teach for five years, and complete the Louisiana Assistance and Assessment Program. To request a higher level certificate, submit an official transcript (when applicable), completed application, completed experience verification form, and professional conduct form. A \$25.00 fee is required.

Teachers with a Level 1 Professional Certificate must complete the Louisiana Assistance and Assessment Program and teach for three years in the certified area to receive a Level 2 Professional Certificate. Teachers with a Level 1 or Level 2 certificate are eligible for a Level 3 certificate if they hold a master's degree, teach for five years in the certified area, and complete the Louisiana Assistance and Assessment Program. To request a higher level certificate, submit an official transcript (when applicable), completed application, completed experience verification form, and professional conduct form. A \$25.00 fee is required.

Evaluation and/or Addition of Endorsements

To have additional teaching and/or administrative endorsements added to a teaching certificate, teachers should submit official transcripts and PRAXIS scores (if applicable), completed application, and professional conduct form. The required certification fee of \$25.00 will allow this office to perform two evaluations and/or unlimited additions to the existing certificate. These evaluations and/or additions must be requested at the time of submission.

Verification of Educational Leadership Experience

Three alternate paths are available to individuals seeking Educational Leader Level 1 certification. Alternate path 2 is for persons who already hold a master's degree in education and are seeking to add Educational Leader Level 1 certification to a valid teaching certificate. Eligibility requirements include the following: a) hold or be eligible to hold a valid LA Type B or Level 2 teaching certificate or have a comparable level out-of-state teaching certificate and three years of teaching experience in his/her area of certification; b) have previously completed a graduate degree program in education from a regionally accredited institution of higher education; c) have a passing score on the School Leaders Licensure Assessment (SLLA) in accordance with state requirements; and d) provide documented evidence of 240 clock hours or more of leadership experiences at the school and/or district level. A list of acceptable leadership experiences is provided within this packet. The applicant must utilize the options on this list in reporting his/her experiences on the Leadership Experience Verification Form provided. For each experience, the applicant must provide a brief description of the specific experience (using the form provided, not to exceed one page) and provide a letter of recommendation or artifact that speaks directly to that activity. The completed forms and artifacts and/or letters of recommendation must be submitted along with this application packet.

Application Process

All information should be mailed to: Division of Certification and Preparation, LA Department of Education, P. O. Box 94064, Baton Rouge, LA, 70804-9064.

The following items are required as a part of a complete application packet:

1. **Application for Certification Update** form with all information provided
2. **Official transcript**-if applicable (copies not acceptable)
3. **Copy** of marriage license (if applicable)
4. **Experience Verification** form signed by the appropriate employing authority verify teaching experience (if applicable)
5. **Special Education Experience Verification** form signed by the appropriate special education supervisor as well as the appropriate employing authority (if applicable)
6. **Experience Verification** form signed by the appropriate employing authority verifying administrative/supervisory experience (if applicable)
7. **Professional Conduct** form with all questions answered and signed and dated by the applicant;
8. **Non-refundable** certification fee (check or money order, payable to the *Louisiana Department of Education*).

All application materials are to be sent to the Louisiana Department of Education as a single packet. Once the materials are received, the application packet will be evaluated for purposes of processing the requested action. We regret that we are unable to process application packets that are missing any of the required materials; incomplete packets will be returned to the employing school district or the applicant requesting the change on the certificate, identifying needed documentation to complete application. All paperwork that is submitted during an office business day will be dated and scheduled for processing with that daily correspondence.

Additional Information

- ◆ **Employment:** Contact the personnel directors at the state's 68 public school district(s) concerning employment opportunities. A Louisiana Teacher Certification and Recruitment website can be accessed at www.teachlouisiana.net .
- ◆ **Contact Information:** If there are questions about requirements or the certification process, please contact your employing school district or the Division of Certification and Preparation at (225) 342-3490 (or toll free at 1-877-453-2721), or email Customerservice@la.gov for assistance.



**LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation**

APPLICATION FOR CERTIFICATION UPDATE

Louisiana Certificate Type/Number: _____ Social Security Number: _____ - _____ - _____

Name: _____ Date of Birth: ____/____/____
 (First) (Middle) (Family) (Married)

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

E-Mail Address: _____ Parish of Residence: _____

Check or List All That Apply

Name Change: (name to be added or deleted)

Added: *(must include marriage license, birth certificate or court document showing name change)*

<input type="checkbox"/>	Name to be added:
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Deleted: *(birth names cannot be removed without birth certificate or court document showing name change)*

<input type="checkbox"/>	Married name to be deleted:
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Addition of Degree(s):

<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>	Master's Plus 30 graduate hours	<input type="checkbox"/>	Specialist Degree	<input type="checkbox"/>	Doctorate Degree
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Higher Certificate: *(Applications for higher certificates must be sent directly from employing school system)*

<input type="checkbox"/>	Level 1	<input type="checkbox"/>	Type B or A	<input type="checkbox"/>	Level 2 or 3
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Reinstatement of Certificate:

<input type="checkbox"/>	Reinstate Type C, B, A, Level 1, 2, 3, Nonpublic Type B*, A*, Level 2*, or 3* and CTTIE Certificates <i>(Applicant must show evidence of six semester hours completed within the past five year period when there has been a five year break in service)</i>
<input type="checkbox"/>	Reactivate Standard Certificate for One Year
<input type="checkbox"/>	Duplicate Certificate: <i>Last College attended:</i> _____ <i>Date of Graduation:</i> _____

Extension of Certificate:

<input type="checkbox"/>	Extend Type C or Level 1, 2 or 3 Certificate. <i>(For teacher who has not been out of teaching for any five year period)</i>
<input type="checkbox"/>	Reactivate Standard Certificate for One Year

Evaluate for the following two (2) endorsement(s):

1. _____	2. _____
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Addition of the following area(s) or Endorsement(s):

1. _____	2. _____
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Signature of Applicant: _____ **Date:** _____

Employing School or District: _____

Signature of Employing School/School District: _____ **Date:** _____

**LOUISIANA DEPARTMENT OF EDUCATION
CERTIFICATION AND PREPARATION**

**APPLICATION FOR RENEWAL OF LEVEL 2 & 3, LEVEL 2* & 3*
AND CTIE LICENSES**

PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT: (Including First, Maiden, and Married)		SOCIAL SECURITY NUMBER: ____ / ____ / ____	DATE: ____ / ____ / ____
ADDRESS: Street _____ City _____ State _____ Zip _____		LA CERTIFICATE NOW HELD: Type: _____ Number: _____	

**CONTINUING LEARNING UNITS (CLUS) OF PROFESSIONAL DEVELOPMENT OR
UNIVERSITY CREDITS**

Method used to fulfill CLUs:	Number of CLUs Earned
College courses: Indicate the number of CLUs earned based upon the completion of coursework at a regionally accredited college or university (3 semester hours = 45 CLUs): College Name: _____ Course(s) Completed: _____	
School and/or District Professional Development: Indicate the number of CLUs earned from participation in and completion of school and/or district level professional development activities.	
State Department Professional Development: Indicate the number of CLUs earned from participation in and completion of state level professional development activities.	
Other Providers: Indicate the number of CLUs earned from participation in and completion of professional development activities provided by entities other than colleges/universities, school districts or the State Department of Education.	
National Board Certification = 150 CLUs: Submit copy of the NBC earned during the period of certificate validity	
Total number of CLUs (must = 150)	

If an industry certification is required for the course(s) being taught, I hereby certify that I have maintained my industry certification in addition to the CLU requirement and, I hereby apply for the license renewal for which I am qualified.

Signature of Applicant: _____ Date: _____

I hereby certify that all supporting records of CLU completion and college/university coursework completion are on file at the district office.

Employing District: _____

Signature of Employing District: _____ Date: _____

**LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation**

EXPERIENCE VERIFICATION FORM

PLEASE CHECK CATEGORY THAT APPLIES TO APPLICATION:

Higher Level Certificate¹ Administrative Experience Out-of-State PRAXIS Exclusion²
 Student Teaching/Internship Waiver Verification of Experience for Ancillary Area

PLEASE TYPE OR PRINT IN INK

Louisiana Certificate Type/Number: _____ Social Security Number: _____ - _____ - _____

Name: _____ Date of Birth: ____/____/____
 (First) (Middle) (Maiden) (Married)

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

PARISH/ DISTRICT/ COUNTY	NAME OF SCHOOL	Type of School		Grade Level(s) Taught	Subject(s) Taught	School Year(s) Taught	Position (teacher, principal, etc.)
		Public School	Private School				
						-	
						-	
						-	
						-	
						-	

¹ **Higher Request:** *If this form is being submitted for a higher level certificate, it must be submitted directly from the Louisiana employing school system.*

² **Out-of-State Exclusion:** *I certify that the experience as listed above was successful, complete, and correct according to the official records on file in the Louisiana approved public or approve nonpublic school system providing this verification of employment. The above individual will be re-employed by this system for the next school year in accordance with the out-of-state certification policy.*

TO THE BEST OF MY KNOWLEDGE, THE EXPERIENCE CORRECTLY LISTED ABOVE WAS SUCCESSFUL.

ORIGINAL SIGNATURE OF EMPLOYING AUTHORITY	TITLE AND DISTRICT OF EMPLOYING AUTHORITY
ORIGINAL SIGNATURE OF APPLICANT	DATE

For certification use only:
 Teacher Assessment Completed: Yes _____ No _____

EDUCATIONAL LEADERSHIP EXPERIENCES

Educational leadership experiences should provide leadership experiences at multiple levels (e.g. observation, participation, and leadership).

Reference Number	Description of Activity (including reference to ELCC Standard, LA Ed Leader Standard, SREB Critical Success Factor, as appropriate)
1.	Shadowed principal for the day, recorded and correlated principal's activities to the Louisiana Standards for Educational Leaders; summarized and reflected on the principal's activities based on a standard set of questions. (ELCC 1-6; LA 1-7)
2.	Led an instructional committee that is part of a structured audit or re-examination with the potential re-crafting of a school's vision or mission, perhaps in preparation for renewal of accreditation by a regional accreditation agency (e.g. SACS) or review by the state department of education. (ELCC 1; LA 1; CSF 1)
3.	Led a district principals' meeting and/or a state leadership conference and made a presentation on effective change practices. (ELCC 6; LA 4; CSF 8)
4.	Led the development and scheduling of a special activity at the school. (ELCC 3; LA 3; CSF 10)
5.	Led the school leadership team in conducting and analyzing purchases to determine alignment with student needs. (ELCC 3; LA 3; CSF 11)
6.	Led the school's preparation for a technical assistance visit by a comprehensive school reform group such as High Schools that Work, Making Middle Grades Work, Teacher Advancement Program. Worked with the school coordinator to assemble the needed documentation and develop the schedule. (ELCC 6; LA 7; CSF 1, 13)
7.	Led a faculty study team in analyzing root causes of poor achievement in core areas such as literacy and numeracy; formulated and implemented a set of actions and assessed the results. (ELCC 2, 3; LA 2, 3; CSF 1,5)
8.	Led a faculty study team in examining the effectiveness of lower level courses in advancing student achievement based on results; developed and implemented a plan of action for teaching these students at higher standards. (ELCC 5, 6; LA 4, 7; CSF 6)
9.	Led the development of a school website or listserv discussion group devoted to sharing best practices among the faculty or communicating with the community. (ELCC 6; LA 7; CSF 6)
10.	Led an articulation project with a feeder school in which the expectations to which the students were held in lower grades are shared with upper grade teachers, so that teachers can hold students to more rigorous expectations as they advance from grade to grade. (ELCC 6 ; LA 7; CSF 6)
11.	Observed classrooms for evidence that faculty members have both high expectations for all students and provide consistent academic support to those who need it so they can be successful at an advanced level. Cite specific examples observed throughout the school. (ELCC 1; LA 1; CSF 1)
12.	Observed classroom lessons with the principal and used the district's observational documents and processes to participate in providing feedback to teachers about the extent to which their instruction is standards-based and engaging to students. (ELCC 2; LA 2, 5; CSF 3)
13.	Led a professional development session on a new research-validated instructional strategy aligned with the school improvement plan. Follow up by coaching and providing feedback to a small group of teachers as they embed the new strategy into their instructional program. (ELCC 2; LA 2, 5; CSF 3)
14.	Led a series of interviews with students focusing on their perceptions of the instructional strategies used by their teachers. Summarize conclusions for the principal. (ELCC 2; LA 2, 5; CSF 3)

15.	Observed and interviewed staff development professionals to learn effective staff development strategies to train teachers. (ELCC 2; LA 5; CSF 9)
16.	Participated in and critiqued the effective components of a professional development activity. (ELCC 2; LA 5; CSF 9)
17.	Observed a teacher who makes excellent use of his/her time each period. (ELCC 2; LA 2; CSF 10)
18.	Participated in a dialogue with students who are observed as not being actively involved in the classroom. (ELCC 2; LA 2; CSF 4)
19.	Observed teachers using various qualitative and quantitative observation techniques to improve teaching skills. (ELCC 2; LA 2; CSF 2, 3, 5, 9)
20.	Participated in clinical supervision cycle using qualitative and/or quantitative observation techniques to improve student learning. (ELCC 2; LA 2, 5; CSF 2, 3, 5, 9)
21.	Participated in designing a survey for teachers to identify the types of direct assistance teachers desire from supervisors and from fellow teachers to support student learning, distributed the survey, collected and analyzed data. (ELCC 2; LA 2, 5; CSF 2, 3, 5, 9)
22.	Participated in the development of a professional development workshop focused on research-based teaching strategies to meet the learning needs of students in your school. (ELCC 2; LA 2, 5; CSF 2, 3, 5, 9)
23.	Participated in an interview of five teachers concerning a program innovation that is being proposed or introduced in your school; classify each teacher according to his or her stage of concern about the innovation. (ELCC 2; LA 2, 5; CSF 2, 3, 5, 9)
24.	Led a student mentoring program to provide caring adult role models. (ELCC 1; LA 1; CSF 4)
25.	Led and administered, analyzed and shared the results of a student satisfaction survey with appropriate groups. (ELCC 2, 5; LA 2, 7; CSF 4)
26.	Led and designed a plan for teachers to share information gained at professional development meetings with appropriate members of the school staff. (ELCC 2; LA 2; CSF 3,5, 9)
27.	Participated in the development of the master schedule. (ELCC 3; LA 3; CSF 10)
28.	Led an explanation of the master schedule to the administration and faculty. (ELCC 3; LA 3; CSF 10)
29.	Led preparation of a schedule that provides teams of teachers with common student time together to give extra help to students failing to meet course standards. (ELCC 3; LA 3; CSF 10)
30.	Interviewed district-level fiscal personnel to learn how resources are acquired, allocated and inventoried. (ELCC 3; LA 3; CSF 11)
31.	Led a faculty development (department level; grade level or whole school) of a grant application. (ELCC 3; LA 3; CSF 11)
32.	Led by chairing one of the school's annual fundraisers. (ELCC 3 ; LA 3; CSF 11)
33.	Served as a school curriculum coordinator, content leader, master teacher, etc.
34.	Served as a mentor teacher
35.	Served as a school assistant principal or principal
36.	Served as a district coordinator, master teacher, content leader
37.	Other (must be specific)

BRIEF DESCRIPTION OF EDUCATIONAL LEADERSHIP EXPERIENCE

This form must be completed for each leadership experience identified in the chart found on the Leadership Experience Verification Form.

Leadership Experience Reference No: _____

Number of Hours: _____

Location/Site of Experience: _____

Briefly Describe the Leadership Experience (**PLEASE TYPE YOUR EXPLANATION.**)

Description will vary depending on the particular activity/experience. The description should include such things as goals of the activity, outcomes of the activity, participants involved, lessons learned, and other pertinent information.

Goals of Activity:

Outcomes of the Activity:

Participants Involved:

Lessons Learned:

Remember that for each leadership experience, you must complete this description page and attach an artifact or letter of reference that speaks to the specific experience.

**LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation**

SPECIAL EDUCATION EXPERIENCE VERIFICATION FORM

THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED DIRECTLY BY THE CURRENT LOUISIANA EMPLOYING SCHOOL SYSTEM IF INCLUSION EXPERIENCE IS BEING USED FOR A HIGHER LEVEL CERTIFICATE OR TO WAIVE A PRACTICUM OR STUDENT TEACHING REQUIREMENT.

(Inclusion Experience Only)

PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT: (Including First, Family, and Married)	SOCIAL SECURITY NUMBER: _____ - _____ - _____	DATE:
ADDRESS:	LA CERTIFICATE NOW HELD: TYPE: Number:	

Area of Special Education Requested: _____

Experience Requirements:

A. Three years of successful teaching experience in the pursued area of special education certification as verified by the special education supervisor/director **and** the employing authority.

OR

B. At least one year of successful teaching experience in the pursued area of special education and two years of successful teaching as a regular education teacher teaching exceptional children in the pursued area of certification. *As a regular education teacher, the applicant must have had responsibility for the implementation of the Individualized Education Program (IEP).* Both the special education supervisor/director **and** the employing authority must verify this teaching experience.

TEACHING EXPERIENCE

School Year	School System	Type of Class
-		
-		
-		

RESPONSIBILITY FOR INDIVIDUALIZED EDUCATION PROGRAM

Indicate the number and types of exceptional children for whom the applicant had responsibility for the implementation of the Individualized Education Program (IEP).

Number and Types of Exceptional Children	School Year

Those signing below certify that the information listed above is accurate:

Signature of Applicant

Signature of Employing Authority

Signature of Director/Supervisor of
Special Education

Date

**LOUISIANA DEPARTMENT OF EDUCATION
CERTIFICATION AND PREPARATION**

PLEASE TYPE OR PRINT IN INK

<p>PROFESSIONAL CONDUCT FORM (All questions <u>must</u> be answered)</p>

NAME OF APPLICANT: (Including, First, Middle, and Married)	Social Security Number: _____ - _____ - _____
ADDRESS:	DATE OF BIRTH:

<i>Each Question must be answered:</i>	<i>Please Check</i>	
	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 for any offense as stated in #3 or #4?		

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 teaching certificate.

SIGNATURE OF APPLICANT:	DATE:
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