

ANCILLARY SERVICE CERTIFICATION APPLICATION

By completing this application, applicants may request an ancillary service certificate. This is a stand-alone certificate issued to individuals holding qualifying degrees or specialized credentials. The certificate allows one to serve in a Louisiana school system setting. This application packet does not include Ancillary Teaching, Ancillary Early Childhood, Mentor Teacher, or Content Leader certification; there are [separate ancillary application packets](#) for those certification requests. Ancillary certification to serve as a School Counselor or Librarian would be requested on the [Ancillary Teaching Certification request](#) since those are renewable with effectiveness, like teaching. Upon receipt of the completed forms and appropriate processing fee as noted on the [Certification Processing Fee Schedule](#), a certification case will be opened in the Teacher Certification Management System (TCMS) which is trackable online. If additional information is needed or feedback is provided, that information can be viewed online by checking the [Status of a Certification Application here](#). Evaluations will be provided via the online portal in response to the certification submission case.

Submitting the Application

Submit a completed application packet (including required documentation) 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 & Driver's License*** (these are required with every application)
2. **"Ancillary Service Certification (AS)" Application form***
3. **A completed, Self-Evaluation Checklist (required when there is a link to the checklist in certification area column of chart below)**
4. **Professional Conduct form with all questions answered, signed, and dated by the applicant***
5. **Experience Verification form*** and/or **Out-of-State Attestation form** (if applicable)
6. **Official transcripts** (if applicable and/or if not already submitted to the certification office)
7. **Qualifying documents** (see chart below to determine qualifying documents required relative to requested area such as professional licensure)
8. **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](#) so that the fee, appropriate to the request, can be made to LDOE.

CERTIFICATION AREA	DOCUMENTATION REQUIRED
Art Therapist (Valid as long as individual remains in same system)	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Transcripts showing the completion of an Art Therapy degree program* • Copy of registration from American Art Therapy Association • Verification of pre-clinical experience
Audiologist-Provisional (Valid 3 years, nonrenewable)	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcripts showing a master's degree* in audiology • Verification that applicant will work under the supervision of a licensed audiologist
Audiologist-Qualified (Valid as long as holder maintains a current LA Audiologist license)	<ul style="list-style-type: none"> • Official transcripts showing a master's degree* in audiology • Copy of current Louisiana licensure as an Audiologist
Behavior Analyst - Assistant (Valid as long as license is valid)	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Hold a bachelor's degree* • Copy of valid assistant level Behavior Analyst Certification Board (BACB) or Comprehensive Application of Behavior Analysis to Schooling Board (CABAS). • Must have direct supervision.
Behavior Analyst (Valid as long as license is valid)	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Hold a master's degree* • Copy of valid assistant level Behavior Analyst Certification Board (BACB) or Comprehensive Application of Behavior Analysis to Schooling Board (CABAS).

<p>Child Nutrition Program Supervisor (Valid for one year; renewable each year thereafter upon presentation of completion of 12 hours of annual continuing education/training which includes but not limited to admin practices in school meal application, certification/verification, and meal counting/claiming procedures, and any other training needed to address program integrity/critical issues.)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Letter from employing school system verifying student enrollment • Completion documentation verifying the completion of 8 hours of food safety training • Transcripts* with qualifying education in alignment with eligibility requirements for employing school system's student enrollment
<p>Child Nutrition Program Supervisor Provisional (Valid for one year; renewable annually up to five years)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • High School Diploma (or equivalent) • Two years of relevant school nutrition programs experience • At least eight hours of food safety training either not more than five years prior to the date of employment or completed within 30 calendar days of the date of employment • Certificate renewable each year thereafter upon presentation of 12 hours of annual food service continuing education/training
<p>Child Search Coordinator (Valid as long as ancillary certificate remains valid)</p>	<ul style="list-style-type: none"> • Must hold valid ancillary certificate for social worker, speech therapist, school psychologist, speech pathologist, or guidance counselor • Master's degree* • At least six (6) semester hours in special education coursework • Three years of experience in certified area
<p>Dance Therapist (Bachelor's) (Valid as long as individual remains in same system)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcript showing the completion of a degree* in Dance Therapy • Official transcripts showing the completion of two (2) semesters of a practicum completed in both a clinical and school setting • Copy of registration by the American Dance Therapy Association
<p>Dance Therapist (Master's) (Valid as long as individual remains in same system)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcripts showing the completion of a master's degree* in Dance Therapy • Copy of registration by the American Dance Therapy Association
<p>Educational Diagnostician (Valid 5 years - renewable)</p>	<ul style="list-style-type: none"> • Hold current national certification as an educational diagnostician (NCED) through the National Certification Educational Diagnostician Board.
<p>Mental Health Counselor-Provisional (Valid 2 years, nonrenewable)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Hold a LPC, MFT, LCSW, certification as a School Psychologist, or current Louisiana licensure as a psychologist. • Have two years of experience as a school psych, social worker, or mental health counselor within the last five years.
<p>Mental Health Counselor-Qualified (Valid as long as the individual holds valid license)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Hold a LPC, MFT, LCSW, certification as a School Psychologist, or current Louisiana licensure as a psychologist. • Have two years of experience as a provisional mental health counselor.
<p>Music Therapist (Valid as long as individual remains in same system)</p>	<ul style="list-style-type: none"> • Application signed & submitted by LA Employing School System • Official transcript showing the completion of a degree* in Music Therapy • Copy of registration by the National Association of Music Therapy, Inc. • Verification of pre-clinical experience
<p>Occupational Therapist-Certified Licensed Occupational Therapist Assistant (COTA) (Valid 5 years -renewable)</p>	<ul style="list-style-type: none"> • Copy of COTA License • Must work under a Licensed Occupational Therapist.
<p>Occupational Therapist-Provisional (Valid 2 years, nonrenewable)</p>	<ul style="list-style-type: none"> • Copy of license to practice occupational therapy in Louisiana.
<p>Occupational Therapist- Full Certificate (Valid 5 years – renewable)</p>	<ul style="list-style-type: none"> • Copy of Valid Louisiana Occupational Therapist License
<p>Orientation & Mobility (Valid as long as holder maintains a current national certification in orientation and mobility)</p>	<ul style="list-style-type: none"> • Bachelor's or Master's degree* in orientation and mobility; or • Completion of an individual plan of study in orientation and mobility; and <ul style="list-style-type: none"> ◦ Current certification issued by the Academy for Certification of Vision Rehabilitation & Educational Professionals (COMS); or ◦ Current certification issued by the National Blindness Professional Certification Board (NOMC).
<p>Physical Therapist- Assistant (Valid 5 years – renewable)</p>	<ul style="list-style-type: none"> • Copy of valid PTA License • Must work under the supervision of a licensed physical therapist.

Physical Therapist- Provisional (Valid 2 years, nonrenewable)	<ul style="list-style-type: none"> • Copy of temporary Physical Therapist License
Physical Therapist- Full Certificate (Valid 5 years – renewable)	<ul style="list-style-type: none"> • Copy of valid Physical Therapist License
School Nurse- Type C (Valid 3 years – renewable)	<ul style="list-style-type: none"> • Copy of current Louisiana registered nurse license • Verification of two years of service as a registered nurse (not as school nurse)
School Nurse – Type B (Valid 5 years – renewable)	<ul style="list-style-type: none"> • Copy of current Louisiana registered nurse license • Verification of three years of experience as a Type C school nurse.
School Nurse- Type A (Valid 5 years - renewable)	<ul style="list-style-type: none"> • Official transcripts of baccalaureate degree* in nursing or health related area • Completed Experience Verification Form verifying five years of service as a Type B School Nurse • Copy of current Louisiana registered nurse license
School Psychologist- Provisional (Valid 1 year, renewable once)	<ul style="list-style-type: none"> • Official transcript showing the completion of a bachelor's degree* • Letter from director of training program verifying completion of sixty (60) required semester hours, with the exception of the internship
School Psychologist- Level B (Valid 5 years - renewable)	<ul style="list-style-type: none"> • Official transcript showing the completion of a master's or specialist degree* in School Psychology, including an internship
School Psychologist- Level A (Valid 5 years - renewable)	<ul style="list-style-type: none"> • Official transcript showing the completion of a doctorate degree* in school psychology, including an internship
School Psychology- Supervisor (Valid as long as certificate is valid)	<ul style="list-style-type: none"> • Valid Type A or B school psychologist certificate • Verification of three years of supervised experience as a school psychologist; two years must have been in Louisiana
Social Worker- Provisional (Valid 3 years, nonrenewable)	<ul style="list-style-type: none"> • Official transcripts indicating master's degree* in social work • Copy of LMSW • Verification that applicant will work under Licensed Clinical Social Worker (LCSW)
Social Worker- Qualified (Valid as long as individual holds a current license)	<ul style="list-style-type: none"> • Official transcripts showing the completion of a master's degree* in social work • Copy of LCSW or LMSW with verification of experience in a social worker setting
Speech Pathologist Assistant (Valid 3 years; renewable)	<ul style="list-style-type: none"> • Official transcripts showing the minimum of a bachelor's degree* in speech/language pathology • Verification of 100 clock hours of supervised clinical practicum either in the form of licensure, letter from program director, or a copy of a Louisiana provisional speech pathologist license
Speech Pathologist (Provisional) (Valid 3 years; nonrenewable)	<ul style="list-style-type: none"> • Master's degree* in speech pathology
Speech Pathologist (Qualified) (Valid as long as individual holds a current license)	<ul style="list-style-type: none"> • Master's degree* in speech pathology • Copy of current Louisiana licensure as a Speech Pathologist
Speech Therapist/ASHA (Valid 3 years; renewable)	<ul style="list-style-type: none"> • Official transcripts showing master's degree* in speech communication disorders • Copy of American Speech and Hearing Association (ASHA) license or letter from the director of an ASHA approved training program verifying that all requirements have been met, with the possible exception of the Clinical Fellowship Year (CFY) year

* Degrees and coursework use for Louisiana certification purposes must be earned from a college or university accredited in accordance with 34 CFR 602.

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; updated to match SS Card submitted.	
Address: _____	
(Street)	(City) (State) (Zip Code)
Phone: (____) _____	LA Certificate #: _____ Payment Confirmation # _____ <small>(Provide email confirmation or screenshot of payment with documents)</small>

Educational Qualifications:

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

**ANCILLARY SERVICE
CERTIFICATION
AREA REQUESTED:**

I/We request the issuance or renewal of an ancillary service certificate appropriate to the applicant’s credentials. 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: _____

Signature of LA Employing School System: _____ Date: _____

Name of Louisiana Employing School System: _____ Employing School System Email: _____

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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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				
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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: