

## ANCILLARY TEACHING CERTIFICATION APPLICATION

By completing this application, applicants may request an ancillary teaching certificate. This is a stand-alone certificate issued to individuals holding qualifying degrees or specialized credentials. The certificate is renewable with effective evaluations and is requested by the Louisiana employing school system on behalf of the educator. This application packet does not include Ancillary Service, Ancillary Early Childhood, Mentor Teacher, or Content Leader certification; there are [separate ancillary application packets](#) for those certification requests. 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](#). Ancillary teaching certification renewal applications are submitted by the Louisiana Employing School System. 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\*** (these are required with every application)
2. **"Ancillary Teaching Certification (AT)" Application** form\*
3. **A completed, Self-Evaluation Checklist** (use links 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 and for renewal)
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, limiting submission to a maximum of 50 pages)
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
<a href="#">Artist (Art, Creative Writing, Drama, Dance, Music, Theatre, or Visual Arts)</a> (Valid 5 years – renewable with effective Compass evaluations)	<ul style="list-style-type: none"> <li>• Application signed &amp; submitted by LA Employing School System or some type of verification from system that applicant will be employed to teach specific art area</li> <li>• Evidence of substantial professional recognition (e.g., letters from representatives of the arts community, gallery directors, art center directors, reporters)</li> <li>• Evidence of substantial artistic or creative accomplishments (e.g., newspaper articles, programs, playbills, published music scores, brochures, invoices for commissioned work, etc.) Photographs, slides and actual artwork alone are only acceptable when document(s) verifying the artist authenticity of the work is included (e.g. bill of sale). Artifacts should include the artist's name. <b>Limit portfolio with application packet to 50 pages.</b></li> </ul>
<a href="#">Content Leader</a>	<p>See stand-alone <a href="#">Mentor Teacher/Content Leader application packet</a> – the ancillary application packet is not used to request this certification area due to recent policy changes.</p>
<a href="#">Dyslexia Practitioner</a> (Valid 5 years – renewable with effective evaluations via Compass and valid credential)	<ul style="list-style-type: none"> <li>• Application signed &amp; submitted by LA Employing School System</li> <li>• Hold a valid Louisiana teaching certificate</li> <li>• Completion of an accredited multisensory structured language training programs (including 45 hours of coursework and 60 hours of clinical work observed/monitored by a qualified professional) from one of the following:               <ul style="list-style-type: none"> <li>▪ <a href="#">The Academic Language Therapy Association (ALTA)</a></li> <li>▪ <a href="#">Academy of Orton-Gillingham Practitioners and Educators (AOGPE)</a></li> <li>▪ <a href="#">Wilson Language Training (WLT)</a></li> <li>▪ <a href="#">Neuhaus Education Center</a>; and</li> </ul> </li> <li>• Pass a multisensory structured language education-related competency examination administered by a nationally recognized professional organization that issues national certification</li> <li>• Valid credential from accrediting organization listed above</li> </ul>

<p><b><u>Dyslexia Therapist</u></b></p> <p>(Valid 5 years – renewable with effective evaluations via Compass and valid credential)</p>	<ul style="list-style-type: none"> <li>• Application signed &amp; submitted by LA Employing School System</li> <li>• Hold a valid Louisiana teaching certificate</li> <li>• Completion of an accredited multisensory structured language training programs (including 200 hours of coursework and 700 hours of clinical work observed/monitored by a qualified professional) from one of the following: <ul style="list-style-type: none"> <li>▪ <a href="#">The Academic Language Therapy Association (ALTA)</a></li> <li>▪ <a href="#">Academy of Orton-Gillingham Practitioners and Educators (AOGPE)</a></li> <li>▪ <a href="#">Wilson Language Training (WLT)</a></li> <li>▪ <a href="#">Neuhaus Education Center</a>; and</li> </ul> </li> <li>• Pass a multisensory structured language education-related competency examination administered by a nationally recognized professional organization that issues national certification</li> <li>• Valid credential from accrediting organization listed above.</li> </ul>
<p><b><u>Family &amp; Consumer Science – Occupational Programs (Provisional)</u></b></p> <p><b><u>Family &amp; Consumer Science – Occupational Programs (Qualified)</u></b></p> <p>(Provisional valid 3 years, Qualified valid 5 years, renewable with effective Compass evaluations)</p>	<ul style="list-style-type: none"> <li>• Application signed &amp; submitted by LA Employing School System</li> <li>• Bachelor's degree* in the family and consumer science specialty area</li> <li>• 12 semester hours in professional education coursework</li> <li>• 2000 clock hours of successful work experience</li> <li>• For <i>Qualified</i> certificate, must have 3 years successful teaching on the <i>Provisional</i></li> </ul>
<p><b><u>Junior ROTC</u></b></p> <p>(Valid 5 years –renewable with effective Compass evaluations)</p>	<ul style="list-style-type: none"> <li>• Application signed &amp; submitted by LA Employing School System</li> <li>• Documented retirement from active duty in the retired grades of E-6 through E-9, WO-1 through CWO-5, O3 through O6; and</li> <li>• Official Recommendation by appropriate branch of the military service with certification by the appropriate Department of defense.</li> </ul>
<p><b><u>Math For Professionals</u></b></p> <p>(Valid initially 3 years and renewable every 5 years with effective Compass evaluations)</p>	<ul style="list-style-type: none"> <li>• Application signed &amp; submitted by LA Employing School System</li> <li>• Meets at least one of the following: <ol style="list-style-type: none"> <li>a. Earned 30 credit hours of mathematics; or</li> <li>b. Earned a Master's Degree* in Mathematics, Engineering, Science Content Area; or</li> <li>c. Successful passing of the Praxis Mathematics: Content Knowledge test #5161</li> </ol> </li> <li>• Must have: Completion of a district developed classroom readiness/training program, based on state guidelines.</li> </ul>
<p><b><u>Mentor Teacher</u></b></p>	<p>See stand-alone <a href="#">Mentor Teacher/Content Leader application packet</a> – the ancillary application packet is not used to request this certification area due to recent policy changes</p>
<p><b><u>Mentor Teacher (Provisional)</u></b></p>	<p>See stand-alone <a href="#">Mentor Teacher/Content Leader application packet</a> – the ancillary application packet is not used to request this certification area due to recent policy changes</p>
<p><b><u>Nonpublic Montessori</u></b></p> <p>(Valid 5 years – renewable with effective local evaluations verified on the <a href="#">Local Eval Attestation</a>)</p>	<ul style="list-style-type: none"> <li>• Diploma indicating the completion of an approved Montessori training program</li> <li>• When renewing, include the <a href="#">Local Evaluation Attestation form</a> if not evaluated via Compass.</li> </ul>
<p><b><u>School Counselor K-12</u></b></p> <p>(Valid 5 years - renewable)</p>	<ul style="list-style-type: none"> <li>• Completion of a standards based master's degree* program in school counseling from a college or university approved by the Council for Accreditation of Counseling and Related Educational Program (CACREP)</li> <li>• Completion of a practicum to include 100 contact hours –and- completion of an internship in school counseling to include 600 contact hours in a school setting</li> <li>• Passing score on Praxis exam specific to Counselor (refer to the current <a href="#">Praxis Chart</a>)</li> </ul>
<p><b><u>School Librarian</u></b></p> <p>(Valid 5 years - renewable)</p>	<ul style="list-style-type: none"> <li>• Master's degree* in library science</li> <li>• Passing score on Praxis exam specific to School Librarian (refer to the current <a href="#">Praxis Chart</a>)</li> </ul>
<p><b><u>Talented (Music, Theatre, or Visual Arts)</u></b></p> <p>(Valid 5 years – renewable with effective Compass evaluations)</p>	<ul style="list-style-type: none"> <li>• Application signed &amp; submitted by LA Employing School System or some type of verification from system that applicant will be employed to teach specific art area</li> <li>• Verification of a minimum of one year of working with students in the specific arts area at the specific level.</li> <li>• Master's degree* in Music, Art, Theatre, Liberal Arts, or Theatre Education -OR-</li> <li>• Verification of substantial artistic/creative accomplishment over an extended period of time (e.g. copies of newspaper articles, programs, brochures, playbills, published music, magazine articles, catalogs, letters from peers). Photographs, slides and actual artwork alone are only acceptable when document(s) verifying the artist authenticity of the work is included (e.g. bill of sale). Artifacts should include the artist's name. <b>Limit portfolio with application packet to 50 pages.</b></li> </ul>

\* 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 _____ <b>(no dashes, no commas)</b>	Email Address: _____
Legal Name of Applicant: _____ Date of Birth: _____	
Check here if requesting name change; will be updated to match name on SS card.	
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 CERTIFICATION  
TEACHING  
AREA REQUESTED:**

*I/We request the issuance or renewal of an ancillary teaching certificate appropriate to the applicant's credentials. While the educator is employed, he/she will be evaluated via Compass with effectiveness results being entered into the Compass Information System (CIS). 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>

<b>ANSWER <u>ALL</u> QUESTIONS</b>	<b>Check</b>	
	<b>YES</b>	<b>NO</b>
1. Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? 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? If <b>YES</b> , 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 ( <a href="#">Out of State Experience must be verified on form linked here</a> )	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: