

CERTIFICATION APPEALS PACKET INSTRUCTIONS

All applications should be emailed to CertificationAppeal@la.gov by the deadline date indicated on page 2. An appeal requires a [processing fee](#) and should be paid online prior to submitting the appeal as the payment receipt is required indicating application type as “AP”.

General Appeal Information

- ❖ The certification appeal process is available to an individual who has applied for certification and has been denied the requested certification due to the absence of certification requirements as set forth in [Bulletin 746](#), *Louisiana Standards for State Certification of School Personnel*. The appeal process provides the applicant an opportunity to have his/her records reviewed by the Teacher Certification Appeals Council (TCAC).
- ❖ The TCAC reviews all appeals applications and submits a written report of its findings to the State Board of Elementary and Secondary Education (BESE). The decision of the council is a **final** decision.
- ❖ Appeals will not be considered for individuals who:
 - a. lack [NTE/Praxis requirements](#) for initial certification; or
 - b. lack a grade point average of 2.50 for initial certification; or
 - c. lack reading requirements per R.S. 17:7.1.A.(4)(a); or
 - d. lack 50 percent or more of courses required for certification; or
 - e. lack the degree required for certification; or
 - f. lack a degree from an institution [accredited in accordance with 34 CFR 602](#) ; or
 - g. have not met the standards of effectiveness for three years pursuant to [Bulletin 130](#) and R.S. 17:3902.
- ❖ Appeals relating to the issuance or renewal of certificates based on the standards of effectiveness must follow the grievance procedure through the LEA as identified in Bulletin 130.

Appeal Timelines

- ❖ An appeal cannot be initiated until the applicant has been denied his/her certification request and received a denial letter/official evaluation from the Certification Office, and must be received within **120** days from the date that the certification request was denied.
- ❖ All completed appeals application packets must be submitted to CertificationAppeal@la.gov prior to the deadline date on following page in order to be considered at the next TCAC meeting. DO NOT submit an appeal through the online portal.
- ❖ Applications received after a deadline will be denied and not considered unless resubmitted for the following TCAC meeting. Certification staff will notify the applicant of the date on which his/her appeal will be heard by TCAC. The applicant is not required to attend, but is invited in the event TCAC has clarifying questions regarding the case.
- ❖ **Contact Information:** All questions regarding certification requirements or the certification process, can be answered by contacting the Louisiana Department of Education through the [Teacher Certification Portal](#).

ANNUAL MEETING SCHEDULE & SUBMISSION DEADLINES for 2023/2024

Submission Deadline Date <i>Appeals must be received via email to CertificationAppeal@la.gov on or before</i>	Appeals Council Meeting Date
September 21, 2023	October 26, 2023
February 15, 2024	March 14, 2024
May 16, 2024	June 13, 2024
August 1, 2024	August 29, 2024
October 10, 2024	November 7, 2024

Appeal Process

Step 1 :
Apply & Receive Declination for Certification

If an applicant is denied certification, an appeal may be considered. One must apply and officially be denied within 120 days of submitting an appeal. Many certification applications must be submitted by the Louisiana employing school system, therefore the feedback/declination would have been returned to the person/system who submitted the certification application. Declination letters may be downloaded from www.teachlouisiana.net by clicking on the "Status of a Certification Application" on the homepage and entering the name on the application. Once the feedback letter is located, click on the envelope icon to download the declination letter on letterhead which is a required component of the appeals packet. If an official evaluation accompanied the declination letter, it can be downloaded from the online portal by the submitting person/system.

Step 2 :
Submission of an Appeal Application Packet

The applicant completes, scans, and submits a **Teacher Certification Appeals Application Packet** and supporting documentation, **as a single PDF**, to the Certification Office via email to CertificationAppeal@la.gov along with the [\\$25.00 certification processing](#) fee receipt.

Please use the included "**Certification Appeals Checklist**" before sending your completed appeals packet. If you omit any items from the list, please make a note in your cover letter as to the reason the item(s) were omitted. The cover letter must be included, clearly **stating what the Council is requested to consider**, making sure the request does not violate state law as noted on page 1.

Step 3 :
Review of Appeal Application Packet

The Certification Office will conduct a prescreening of all appeal applications submitted. Persons submitting incomplete applications will be notified as to the specific informational components missing from the packet. Applicants with complete appeals packets will be notified that their appeal will be placed on the TCAC agenda.

Applications that are complete and meet all appeal requirements will be reviewed by TCAC on the designated meeting date. The applicant has the option to attend the TCAC meeting to address any questions that the council may have concerning the appeal, but is not required to attend. An invitation will be emailed to each appellant with the meeting location, time, and other details soon before the scheduled meeting. The appeal will be based upon a records review only, not on a testimony.

Step 4 :
Results of Appeal by TCAC & Notification of Decision

TCAC will review the appeal application packet of a person seeking Louisiana certification. A decision of TCAC shall be a **final** decision. The Certification Office will notify the appellant of the final decision and execute anything granted.

Certification Appeals Checklist

Applicant's Name: _____ **SSN:** _____

Check each item enclosed and submit an explanation of why any items were omitted within your cover letter.

Include this Certification Appeal Checklist Form and the following items:		Applicant verification of submitted materials	For Certification office use only <i>DATE RECEIVED:</i>
1.	<i>Cover Letter explaining the reason for the appeal, to include specific information on experience, skills, and knowledge that can be substituted for certification policy deficiencies</i>		
2.	<i>Louisiana Department of Education (LDE) Denial of Certification Request (letter from Certification Office which can be obtained from https://www.teachlouisiana.net/teachers.aspx?PageID=4003)</i>		
3.	<i>Evaluation Form that accompanied LDE Denial Letter of Certification (if applicable; this is the checklist provided via online portal to the person/school system who submitted the certification request if adding an endorsement or certificate)</i>		
4.	<i>Completed Application for Certification Appeal Form (next page)</i>		
5.	<i>Completed Experience Verification Form (if applicable to appeal, and only valid if signed by employing school system)</i>		
6.	<i>Transcripts (if applicable to appeal)</i>		
7.	<i>Copy of Louisiana Teaching Certificate and/or Out-of-State certificate. LA certificates are printable at https://www.teachlouisiana.net/Teachers.aspx?PageID=416.</i>		
8.	<i>Letter of support from employing Superintendent (optional)</i>		
9.	<i>Two letters of recommendation from supervisors or other individuals familiar with your professional capabilities in the area for which a waiver is requested.</i>		
10.	<i>Most recent personnel evaluation from your personnel file or latest evaluation report printed from the Compass Information System.</i>		
11.	<i>Copy of Online Payment Confirmation email or screenshot showing \$25.00 appeals application fee was made using the online payment portal. Payment is non-refundable and does not guarantee certification but is used for review of submitted documents. Access the payment portal through the educator's account on TeachLA Live! portal where payment is made to LDOE.</i>		

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: _____

Check here if requesting name change; will be updated to match the SS Card.

Address: _____
(Street) (City) (State) (Zip Code)

Phone: (____) _____ LA Certificate #: _____ Payment Confirmation # _____
(Provide email confirmation or screenshot of payment with documents)

1. Date of your certification denial letter: _____

2. Complete college/university degree information:

<i>Degree(s) Earned</i>	<i>Institution(s)</i>	<i>Date Degree(s) Earned</i>

3. Check which area below best describes the category of your certification appeal:

- | | |
|---|-------------------------|
| Renewal or Freezing Certificate | Add-On Certification |
| Initial Teaching or Ed Leader Certification | Ancillary Certification |
| Other (Please specify _____) | |

4. What specifically are you asking the Council to consider (detailed elaboration can be included in the cover letter)?

5. List your current or last place of employment (at the time of this appeal): _____

I have been denied certification and have included documented evidence why an exception to [Bulletin 746](#) policy should be considered in my case. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

Signature of Applicant

Date



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 LEGAL NAME:	DATE OF BIRTH (MM/DD/YYYY):	SSN (No Dashes):
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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 Taught or Service Provided	Employee’s Role/Job Title (e.g. Teacher, Substitute, Principal, District Leader, etc.) <i>If role is unique, include a job description.</i>	Method of Evaluation
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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: