

## **EVALUATION, ADD-ON, COURSE APPROVAL & NAME CHANGE APPLICATION**

By completing this application, educators may request degree/endorsement additions, course/transcript evaluations for the purposes of fulfilling add-on, and course analysis/pre-approval. 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.

### **Adding a Degree(s)**

To request the addition of a degree(s) to a certificate, submit the application form, professional conduct form, transcript, and certification processing fee receipt. Official transcripts should be sent (mailed or emailed) directly to **you** and will be considered official when scanned and/or uploaded to online certification portal with your certification application packet. When requesting the addition of Master's Plus 30 designation, excess graduate credits earned in the master's degree program should be verified by the dean of the graduate school of the appropriate university. If there is a certification area associated with the degree earned, the application should also include the request for that endorsement to be added to the educator's certificate; associated endorsements are not automatically added to the certificate.

### **Evaluation and/or Addition of Teaching Endorsements (Add-ons)**

To request an evaluation and/or to add teaching endorsements to a teaching certificate, educators must conduct and submit the applicable [self-evaluation add-on checklist](#) (located by clicking on the "Add-On Endorsement" link in the [online portal](#)), application, professional conduct form, transcripts, PRAXIS scores (if applicable), the experience verification form (if applicable), and certification processing fee receipt. If you are uncertain as to the name of a specific certification area offered in Louisiana, please refer to [Bulletin 746](#). If seeking certification as an Educational Leader (EDL), use [the Educational Leader Application](#) to request EDL eligibility or the stand-alone certificate as it is NOT an add-on endorsement. If seeking Mentor Teacher/Content Leader certification, use the [Mentor Teacher/Content Leader \(MT/CL\) application](#).

### **Course Analysis and Approval**

To request written pre-approval of coursework not yet taken for the purposes of certification endorsement add-on, educators may apply for course analysis. The educator would include the application page, professional conduct form, [self-evaluation add-on checklist](#) (located by clicking on the "Add-On Endorsement" link in the [online portal](#)) indicating which courses you wish to use to fulfill requirements, course titles/descriptions from university catalog or their website, and certification processing fee receipt. Written feedback will be provided via the online portal in response to your request.

### **Name Change**

To request a name change this application may be used by checking name change box on application page and by providing a copy of the educator's Social Security (SS) card and driver's license showing legal name. Name changes are included as a free transaction on all applications as the SS card and driver's license are required with ALL certification applications. If the name change is requested with no other transaction, the application page, professional conduct form, the SS card, driver's license, and a \$25.00 fee are required.

### **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 and Driver's License\*** (these are required with every application even if name change is not requested)
2. **"Certification Add-on, Evaluation, Course Approval (EV)" Application form\***
3. **Professional Conduct** form with all questions answered, signed, and dated by the applicant\*
4. **Experience Verification** form and/or **Out-of-State Attestation** form (if applicable)
5. **Official transcripts** (if applicable and/or if not already submitted to the certification office)
6. **Self-evaluation Add-on Checklist** (if applicable)
7. **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.

**Handwritten documents will not be accepted for certification processing.**

Social Security Number _____ <b>(no dashes, no spaces)</b>	Email Address: _____
Legal Name of Applicant: _____ Date of Birth: _____	
<i>Check here if requesting name change; name will be updated to match the Social Security card submitted.</i>	
Address: _____	
(Street)	(City) (State) (Zip Code)
Phone: (____) _____	LA Certificate #: _____ Payment Confirmation # _____ <small>(Provide email confirmation or screenshot of payment with documents)</small>

Indicate the certification request/recommendation:

**Check here for NAME CHANGE ONLY**

<b>Addition of Degree(s)-</b> <i>(Enclose transcripts with application packet.)</i>		
<b>Indicate Degree Adding:</b>	<b>University:</b>	<b>Date Degree Awarded:</b>
Master's Degree		
Master's Plus 30 Graduate Hours		
Specialist Degree		
Doctorate Degree		
<b>Evaluate or Add the following endorsement(s)-</b>		
<i>Endorsements should be listed as they officially appear in <a href="#">Bulletin 746</a>.</i>		
<i><a href="#">Self-evaluation</a> must be included with application packet.</i>		
<i>Refer to the <a href="#">fee schedule</a> to determine total certification processing fee based upon the number of areas requested.</i>		
<b>Course approval for the following endorsement(s)-</b>		
<i>Endorsements should be listed as they officially appear in <a href="#">Bulletin 746</a>.</i>		
<i><a href="#">Self-evaluation</a> must be included with application packet indicating which courses you wish to use to fulfill requirements.</i>		
<i>Course descriptions must be included with application packet (these can be from university catalog or their website).</i>		
<i>Refer to the <a href="#">fee schedule</a> to determine total certification processing fee based upon the number of areas requested.</i>		

**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: \_\_\_\_\_

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:
----------------------------	--------------

**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				
				-			
				-			
				-			
				-			
				-			
				-			
				-			

***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: