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## OUT-OF-FIELD AUTHORIZATION TO TEACH (OFAT) APPLICATION

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The Out-of-Field Authorization to Teach (OFAT) is a non-standard certificate issued to certified teachers teaching in a certification area for which they are not regularly credentialed to teach. The employing school system has been unable to locate a suitable, certified teacher to teach the course.

An OFAT certificate is issued for **one three-year period** while the teacher pursues endorsement (add-on) certification requirements. If the teacher is actively pursuing certification in the field and the LDOE has designated the area as an area that requires extensive hours for completion, up to two additional years of renewal may be granted. Issuance of subsequent OFAT requests may be considered once the previous OFAT certification area(s) have been added to the educator's standard teaching certificate.

### Eligibility requirements:

Educator holds a VALID type C, B, B\*, A, A\*, level 1, 2, 2\*, 3, 3\*, TEP, or OS teaching certificate but is teaching outside of the certified area(s). [Verify the standard certificate is VALID](#) before submitting an OFAT request. The OFAT will be denied if it is requested for a teacher with an expired certificate.

### OFAT stipulations:

- Employing school system must submit the application which includes an affidavit signed by the local superintendent, or the designee, verifying that good faith efforts for recruiting certified personnel have been made, including consulting the Teach Louisiana website, and that there is no regularly certified, competent, and suitable person available for the position, and that the applicant is the best-qualified person for the position.
- If the teacher is actively pursuing certification in the field and the LDOE has designated the area as an area that requires extensive hours for completion, up to two additional years of renewal may be granted. Designated areas are as follows:
  - applicants pursuing certification in academically gifted, significant disabilities, early interventionist, deaf or hard of hearing, and visual impairments/blind may be granted two additional years of renewal; and
  - applicants pursuing certification in mild/moderate may be granted one additional year of renewal.

### 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. **OFAT 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** -required even if nothing has been completed towards the add-on requirements.
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 _____ <small>(no dashes, no spaces)</small>	Email Address: _____
Legal Name of Applicant: _____ Date of Birth: _____ <i>Check here if requesting name change; will be updated to match name on SS Card.</i>	
Address: _____ <small>(Street) (City) (State) (Zip Code)</small>	
Phone: (____) _____	LA Certificate #: _____ Payment Confirmation # _____ <small>(Provide email confirmation or screenshot of payment with documents)</small>

**Indicate the Certification Request/Recommendation:**

**Louisiana Employing School System:**

**Teaching Area(s) requested on the OFAT (up to two areas):**

A prescription/outline of course work required for add-on certification in the area of the teaching assignment will be enclosed with the initial OFAT certificate. The employing school district should give the OFAT applicant a copy of the guidelines and prescription/outline upon issuance of the certificate.

Within the three-year validity period of the OFAT certificate, a teacher must successfully complete certification in the area in which he/she holds the OFAT certificate. If the guidelines are not complete and the add-on certification has not been granted for all areas noted on the OFAT then an applicant cannot receive subsequent OFAT certificates, unless it is one of the designated special education area(s).

*I hereby certify that there is no regularly certified, competent, and suitable person available for this position and that the applicant named above is the best qualified person for employment in the position herein above described. District can request OFAT certificate only in the area(s) for which applicant has been hired. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.*

\_\_\_\_\_  
Signature of Employing Authority

\_\_\_\_\_  
Date

*I hereby certify that I have been informed of all stipulations of this certificate and understand all guidelines. I agree that my 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:
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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: