

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

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. **Renewal of the OFAT will not be considered for individuals who lack 50 percent or more of the requirements to fulfill the OFAT.** 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*, 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 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 within 90 days of the submission date:

1. **Copy of Applicant's Social Security Card and Driver's License/Official Photo ID*** (required with every application)
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 Experience 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. Failing to include a completed self-evaluation checklist will result in a declination.
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. Guide the educator to their [TeachLA Live! portal account](#) so that the fee, appropriate to the request, can be made to LDOE online through the payment portal. Inform the educator that the email confirmation or payment success screen is required to be included with the application. The confirmation number alone is not accepted. Applications that do not include the email confirmation or payment success screen will be returned without processing.

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: _____
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>

Indicate the Certification Request/Recommendation:

Louisiana Employing School System:

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

An official 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) which may be renewed. **Renewal of the OFAT in designated areas will not be considered for individuals who lack 50 percent or more of the requirements to fulfill the OFAT.**

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 (No Dashes):
ADDRESS (Street Address, Including City, State, Zip):	DATE OF BIRTH (MM/DD/YYYY):

ANSWER <u>ALL</u> QUESTIONS	Check	
	YES	NO
1. Have you ever had a professional license or certificate denied, suspended, revoked, censured, or voluntarily surrendered? If YES , what type of professional license/certificate? _____ 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?		
3. Have you ever been convicted of a criminal offense? If YES , when was the date of conviction: _____		

If you answered “**YES**” to any of the questions above, you must provide copies of any proceedings or other relevant explanatory documents that provide full disclosure of the nature and circumstances of **EACH** separate incident to be included with the application packet.



Pursuant to Louisiana law R.S. 15:587.1, background checks shall disclose **ALL CONVICTIONS**, (Including but not limited to expungements, first offender pardons and pre-trial diversion). Criminal Background Checks (CBCs) are conducted in accordance with La. R.S. 17:15 and La. R.S. 15:587.1.

BESE policy set forth in [Bulletin 746-Louisiana Standards for State Certification of School Personnel](#) addresses actions related to the suspension, denial, and revocation of Louisiana Certificates.

I affirm and declare that all information given by me in the responses to items #1 through #3 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 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: