

LOUISIANA DEPARTMENT OF EDUCATION

OUT-OF-STATE EXPERIENCE VERIFICATION ATTESTATION FORM

Per Louisiana statute, [R.S. 17:3886](#), educators seeking regular teacher certification in Louisiana who hold a teacher certificate from out-of-state and have out-of-state teaching experience shall not be credited with said experience until receipt of evidence of successful teaching experience.

To provide evidence of successful out-of-state teaching experience, this form must be completed and signed by the appropriate out-of-state entity: **1). Out-of-state credentialing agency (department of education, etc.), or 2.) Out-of-state employing school system.**

This form should be submitted as a part of the certification application via the online portal.

| | | | | | | |
|----------------------------------|--|--|-----------------------|--|--|--|
| Social Security Number: _____ | | | Date of Birth: _____ | | | |
| Name: _____ | | | Phone #: (____) _____ | | | |
| (First) (Middle) (Last) | | | | | | |
| Address: _____ | | | Email: _____ | | | |
| (Street) (City/State) (Zip Code) | | | | | | |

| Name of COUNTRY, DISTRICT, or COUNTY | NAME OF SCHOOL | Grade Level(s) Taught/ Served | Subject(s) Taught or Service Provided | School Year(s) Taught/ Served (Ex. 2012-2013, etc.) | Position (Teacher, principal, etc.) | Successful OR unsuccessful service --through evaluations or other state requirements |
|--|-------------------|--|--|--|--|---|
| | | | | - | | Successful Unsuccessful |
| | | | | - | | Successful Unsuccessful |
| | | | | - | | Successful Unsuccessful |

The authorized official hereby assures the LA Department of Education (LDOE) that for the above-mentioned educator:

1. The educator has the above number of years of successful evaluations, OR
2. If evaluations are not done in my state, the teacher has the above number of years of successful teaching experience as determine by my state's standards.

I, the authorized official, _____, do hereby attest that I have read, understand, and agree to the assurances stated in this document.

I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

| | |
|---|--------|
| SIGNATURE OF AUTHORIZED OFFICIAL: | DATE: |
| TYPED OR PRINTED NAME OF AUTHORIZED OFFICIAL AND TITLE: | EMAIL: |
| ADDRESS OF AUTHORIZED OFFICIAL: | PHONE: |