



OUT-OF-STATE EXPERIENCE VERIFICATION FORM

Per Louisiana statute, [R.S. 17:3886](#), educators seeking certification in Louisiana who have out-of-state teaching experience shall not be credited with said experience until it is verified as “successful” experience. To provide evidence of successful out-of-state experience, this form must be completed and signed by the appropriate out-of-state entity either the **out-of-state credentialing agency (Dept. of Education, etc.)** -or- **out-of-state employing school system**. In-state Louisiana employers use the [In-state Experience Verification form](#).

Multiple employers CANNOT be verified on this one form unless verified by credentialing agency. Each School System should complete a separate form when verified by school system(s).

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

EMPLOYEE’S LEGAL NAME:				DATE OF BIRTH (MM/DD/YYYY):		SSN (No Dashes):	
Name of Country, District, or County	NAME OF SCHOOL	Dates of Service <i>MM/YYYY-MM/YYYY</i> (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>	SELECT Successful OR Unsuccessful as determined through evaluations or other state requirements. Service CANNOT be used for certification purposes if not selected.	
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
		-				Successful	Unsuccessful
<p><i>The authorized official hereby assures the LA Department of Education (LDOE) that for the above-mentioned educator: The educator has the above number of years of successful evaluations, OR If evaluations are not done in my state, the educator has the above number of years of successful education experience as determined by my state’s standards. I 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.</i></p>							
SIGNATURE & TITLE OF EMPLOYING AUTHORITY:					DATE VERIFIED:		
NAME OF CREDENTIALING AGENCY or EMPLOYING AUTHORITY:					EMPLOYER or AGENCY’S E-MAIL:		
MAILING ADDRESS:					PHONE:		