

Teacher Preparation/Certification Status Form

Use this form if either of the following applies:

- Applicant completed teacher preparation outside of Louisiana and is applying for a Louisiana teaching certificate.
- Applicant earned a degree in education, but is seeking certification via a Louisiana alternative program due to the degree not being a teacher preparation program.

Educator Information – To be completed by the educator as your information appears on your Louisiana certification application	
Name: <i>(First) (Middle) (Last)</i>	SSN:
Address: <i>(Street Address) (City) (State) (Zip code)</i>	
Email Address:	Date of Birth:
<i>I hereby permit the release of this information concerning my certification status to the Louisiana Department of Education. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.</i>	
Educator Signature:	

*******EDUCATOR STOP HERE*******

Teacher Preparation Program and Certification Information – To be completed by the initial credentialing agency if applicant holds or is eligible to hold certification in another state. If credentialing agency is unable to complete this form, the information may be provided by the teacher preparation program provider, university or college.				
1. Indicate the type of teacher preparation program completed and date of completion: <div style="display: flex; justify-content: space-around;"> Traditional/undergraduate program Alternative/post baccalaureate program </div> Date of program completion:				
2. Did the applicant complete student teaching, internship, or teaching residency? If “no” please explain what requirements were met in lieu of the student teaching, internship, or teaching residency. YES NO, and explain:				
3. Was the applicant eligible for certification in your state at the completion of the teacher preparation program? Check “Yes” or “No” and complete requested details.				
<table border="1" style="width: 100%;"> <tr> <td>YES, and indicate subject and grade levels for-</td> </tr> <tr> <td>• initial program area:</td> </tr> <tr> <td>• additional teaching endorsements:</td> </tr> </table>		YES, and indicate subject and grade levels for-	• initial program area:	• additional teaching endorsements:
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• deficiencies:				
• initial program area:				
Name of Credentialing Agency, University, College, or Program Provider providing verification:				
Address: <i>(Street Address) (City) (State) (Zip code)</i>				
Telephone Number:	Email Address:			
<i>My typed signature attests that the above information is true and accurate to the best of my knowledge. I agree that my electronic signature as entered below is the legal equivalent of my manual signature.</i>				
Signature and Title:	Date:			