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## OUT-OF-STATE ADMINISTRATIVE CERTIFICATION APPLICATION

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Dear Applicant:

Certification options for educational leaders who have NOT completed Louisiana's licensing exams but who have leadership experience and certification in another state can apply for the Out-of-State Principal (OSP) or the Out-of-State Superintendent (OSS) certificate to serve as an assistant principal, principal, assistant superintendent, or superintendent.

A letter of eligibility for OSP or OSS will be issued to individuals who meet requirements, but who are not yet hired in a leadership position. The appropriate certificate will be issued upon employment in a leadership capacity per the request of the employing Louisiana Employing Authority (the employer would submit a letter indicating your employment including a professional conduct form). Louisiana Employing Authorities have been informed that a letter of eligibility issued by the LDOE is sufficient to identify you as being eligible for employment and the certificate will be issued upon their request. If employed in a leadership role at the time of application, the employer will verify date-of-hire and role within the application and the certificate will be issued without a letter of eligibility being necessary. For the purposes of renewing or advancing a Louisiana certificate, all in-state experience is verified using the In-State Experience Verification form included in the application. Out-of-state experience would be verified as "successful" using the [out-of-state experience verification attestation](#).

For educational leaders who have successfully completed School Leaders Licensure Assessment (SLLA) or other equivalent assessment as established by BESE, the leader may qualify for the Educational Leader certificate as outlined in the [EDL \(EL\) Application packet](#).

### [Out-of-State Principal Level 1 \(OSP1\)](#)

The OSP1 is a three year, non-renewable certificate. Eligibility for OSP1 requires the following:

- a valid out-of-state certificate as a principal or comparable educational leader certificate; and
- a minimum of two years of successful experience as a principal or assistant principal in another state, as [verified by the out-of-state employing authority or State Education Agency \(SEA\)](#); and
- must have been regularly employed as an assistant principal or principal for at least one semester, or 90 consecutive days, within the five-year period immediately preceding first employment in Louisiana, or the applicant must earn six semester hours of credit in state-approved courses during the five-year period immediately preceding issuance of the OSP1. (An applicant who has not been regularly employed for at least one semester, or 90 consecutive days, within the five-year period immediately preceding first employment in Louisiana may be issued a **one-year non-renewable (OSP)** certificate during completion of the six semester hours required for the issuance of a three-year non-renewable (OSP 1) certificate.)

### [Out-of-State Principal Level 2 \(OSP2\)](#)

The OSP2 is a five year, renewable certificate. Eligibility for OSP2 requires the following:

- a valid OSP1 certificate; and
- completion of the School Leaders Licensure Assessment (SLLA) or other BESE-approved assessment equivalent or qualify for PRAXIS exclusion by fulfilling the following:
  - a minimum of four years of successful experience as a principal in another state, as verified by the out-of-state employing authority or SEA; and
  - complete one year of employment as an assistant principal or principal in a Louisiana public school system while holding the three-year OSP1 certificate; and
  - must be recommended for continued administrative employment in the following school year by the Louisiana employing school system.

To renew the OSP2, the principal/assistant principal must successfully meet the standards of effectiveness for at least three years during the five-year initial or renewal period in accordance with Bulletin 130 and R.S. 17:3902.

### Out-of-State Superintendent (OSS)

The OSS is a five year, renewable certificate. Eligibility for the OSS requires the following:

- a valid teaching certificate from another state with authorization to serve as a school superintendent; and
- a graduate degree from an accredited institution; and
- five years of successful administrative or education management experience at the level of assistant principal or above, limiting the assistant principal experience to no more than two years; and
- three years of successful teaching experience.

To renew the OSS, the superintendent/assistant superintendent must successfully meet the standards of effectiveness or earn effective ratings per local personnel evaluations for at least three years during the five-year initial or renewal period of the certificate.

### Submitting the Application

Please submit a complete application packet through the online [educator certification portal](#). Use the checklist below to ensure a complete application packet is submitted to avoid additional certification fees and delayed processing.

Applications must include:

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. **Out-of-State Administrator (OA) Application** form
3. **Professional Conduct** form with all questions answered, signed, and dated
4. **Experience Verification** form and/or [Out-of-State Attestation](#) form
5. **Official transcripts** should be sent (mailed or emailed) directly to you or your employing school system and will be considered official when scanned and/or uploaded to the online certification portal. Check that the degree is indicated as awarded/conferred with date.
6. **Copy of Teacher/Administrator Certificate** held in another state –or- a letter from the SEA verifying certification eligibility
7. **PRAXIS Exam(s)** - (if applicable) scores may be electronically sent to LDOE by Educational Testing Services (ETS), or copies of ETS score reports may be submitted with application
8. **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 \_\_\_\_\_ Email Address: \_\_\_\_\_  
(no dashes, no spaces)

Legal Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check here if requesting name change; must match social security card & driver's license submitted.

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ LA Certificate #: \_\_\_\_\_ Payment Confirmation # \_\_\_\_\_  
(Provide email confirmation or screenshot of payment with documents)

**EDUCATIONAL QUALIFICATIONS** (must be documented with transcript/equivalency transcript)

Degree(s) Earned	Institution(s)	Date Degree(s) Earned

Is the applicant currently employed in an educational leadership role, in Louisiana? YES NO

---If YES, what is the title/role and what is the date of hire in the leadership role? (Enter "N/A" if not hired)

Title/Role: \_\_\_\_\_ Date Hired: \_\_\_\_\_

---If NO, a letter of eligibility will be issued which can be used to obtain employment.

**Indicate ONE certification transaction requested**  
(if transcripts are submitted, qualifying degrees will be added to the certification record):

<input type="checkbox"/>	Eligibility/Issuance of Out-of-State Principal 1 (OSP1) – if break in service the one-year OSP is requested
<input type="checkbox"/>	Eligibility/Issuance of Out-of-State Principal 2 (OSP2)
<input type="checkbox"/>	Eligibility/Issuance of Out-of-State Superintendent (OSS)
<input type="checkbox"/>	Renewal of OSP2
<input type="checkbox"/>	Renewal of OSS

I certify that the information and documentation contained in my application required for certification in Louisiana are true and accurate to the best of my information, knowledge, and belief, and hereby authorize and direct the producer of any test I have taken as required by law and all college and/or university officials and all employers to release information regarding my scores, grades, or employment to the LDOE upon its request, for the purpose of verifying the information and documentation contained in this application and packet to determine my eligibility for certification in Louisiana. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Louisiana Employing School System (leave blank if not employed): \_\_\_\_\_

Signature of Employing School System: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*To be used by certification office only\*\*\*

NASDTEC Clearinghouse Search: Verified Clear Specialist: \_\_\_\_\_ 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				
				-			
				-			
				-			
				-			
				-			
				-			
				-			

***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:

# 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 <small>(Ex. 2012-2013, etc.)</small>	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:

This document is used to verify local evaluations when applying to renew/advance an Educational Leader (EDL1, 2, or 3) certificate, renew/advance a Non-public Teaching (Level 2\*, 3\*) certificate or for certain Ancillary renewals. Please refer to [Bulletin 746](#) for details on how to advance or renew other certificate types.

Please complete **for each school year** local evaluations are used for the following purposes (Include multiple pages if applicable).

- Non-public (Level 2\*, 3\*, or Ancillary Montessori) certification higher/renewal requests - Educator completed a teacher evaluation program at a nonpublic school with the principal as evaluator where the teacher performance is rated as satisfactory in the areas of planning, management, instruction, and professional development.
- Educational Leader (EDL 1, 2, or 3) higher/renewal requests where the educator served at the district level and would not be evaluated via Compass.

**Handwritten documents will not be accepted for certification processing.**

Social Security Number _____	Email Address: _____
Legal Name of Applicant: _____	Date of Birth: _____
Address: _____ (Street) (City) (State) (Zip Code)	
Phone: (_____) _____	LA Certificate #: _____

<b>School Year:</b>	<b>Parish/School System:</b>	<b>Job Position/Role:</b>
<b>Local Evaluation Rating Scale (e.g. 1-4, Letter Grades, Excellent-Poor, etc.):</b>	<b>Local Score/Rating Earned for School Year Indicated:</b>	<b>Evaluation Rating Equivalent (select one):</b> <b>EFFECTIVE</b> <b>INEFFECTIVE</b>
<b>Evaluator Name:</b>	<i>I attest to the validity of the above effectiveness ratings. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>	
<b>Evaluator Title:</b>		
<b>Evaluator Email:</b>		
<b>Signature:</b>	<b>Date:</b>	
<b>School Year:</b>	<b>Parish/School System:</b>	<b>Job Position/Role:</b>
<b>Local Evaluation Rating Scale (e.g. 1-4, Letter Grades, Excellent-Poor, etc.):</b>	<b>Local Score/Rating Earned for School Year Indicated:</b>	<b>Evaluation Rating Equivalent (select one):</b> <b>EFFECTIVE</b> <b>INEFFECTIVE</b>
<b>Evaluator Name:</b>	<i>I attest to the validity of the above effectiveness ratings. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>	
<b>Evaluator Title:</b>		
<b>Evaluator Email:</b>		
<b>Signature:</b>	<b>Date:</b>	
<b>School Year:</b>	<b>Parish/School System:</b>	<b>Job Position/Role:</b>
<b>Local Evaluation Rating Scale (e.g. 1-4, Letter Grades, Excellent-Poor, etc.):</b>	<b>Local Score/Rating Earned for School Year Indicated:</b>	<b>Evaluation Rating Equivalent (select one):</b> <b>EFFECTIVE</b> <b>INEFFECTIVE</b>
<b>Evaluator Name:</b>	<i>I attest to the validity of the above effectiveness ratings. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>	
<b>Evaluator Title:</b>		
<b>Evaluator Email:</b>		
<b>Signature:</b>	<b>Date:</b>	