

OUT-OF-STATE ADMINISTRATIVE CERTIFICATION APPLICATION

Educational leaders who have NOT completed Louisiana's licensing exams but 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 an authorized role per the request of the employing Louisiana Employing Authority. Once hired, the employing school system would submit a letter indicating employment in an authorized role and including an updated professional conduct form and copies of the required IDs. 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. If employed in a leadership role at the time of application, the application should be submitted by the employing school system, verifying the date-of-hire and role within the application. 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 (EDL) certificate as outlined in the [Educational Leader \(EDL\) Application packet](#).

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

The OSP1 is a five year, non-renewable certificate. OSP1 authorizes the individual to serve as a principal or assistant principal only in a Louisiana public school system. Eligibility for OSP1 requires the following:

- an 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. An applicant who has not 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 is not eligible for OSP certification.

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

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

- hold or be eligible to hold the OSP1 certificate; and
- completion of the [School Leaders Licensure Assessment \(SLLA\) or other BESE-approved assessment](#). An educator may qualify for PRAXIS exclusion with 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](#).

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 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, [verified by the out-of-state employing authority or SEA](#); and
- three years of successful teaching experience, [verified by the out-of-state employing authority or SEA](#).

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** for all degrees earned and coursework completed 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. Credentials awarded from an institution outside of the United States and not accredited by one of the US accrediting agencies may be submitted to a credentialing agency that is an endorsed member or a member in good standing with either the [National Association of Credential Evaluation Services \(NACES\)](#) or the [Association of International Credential Evaluators \(AICE\)](#) for evaluation with the original course-by-course evaluation including a statement verifying the US comparability of the baccalaureate or graduate degree
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)
<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 (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 <small>(e.g. 08/2018-06/2020 –or– 08/2019 – current)</small>	Grade Level(s)	Subject Taught or Service Provided	Employee’s Role/Job Title <small>(e.g. Teacher, Substitute, Principal, District Leader, etc.) If role is unique, <i>include a job description.</i></small>	<u>Method of Evaluation</u> <small>• Compass/LEADS • Local Evaluation • Employer Evaluation • Cannot Be Evaluated – include a <u>job description</u></small>
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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:

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):
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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 <small>(e.g. Teacher, Substitute, Principal, District Leader, etc.) If role is unique, <i>include a job description</i>.</small>	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

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.

SIGNATURE & TITLE OF EMPLOYING AUTHORITY:	DATE VERIFIED:
NAME OF CREDENTIALING AGENCY or EMPLOYING AUTHORITY:	EMPLOYER or AGENCY’S E-MAIL:
MAILING ADDRESS:	PHONE:

Local Evaluation Attestation

This document is used to verify local evaluations when applying to renew/advance an Educational Leader (EDL1, 2, or 3) certificate, renew/advance a teaching certificate, or issuance or renewal of certain Ancillary Teaching certificates. Please refer to [Bulletin 746](#) for details on how to advance or renew other certificate types.

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

- Teachers, counselors, and librarians having served in an approved Louisiana **nonpublic school setting** with the principal as evaluator where the educator's performance is rated as satisfactory in the areas of planning, management, instruction, and professional development.
- Teachers, counselors, librarians, and school-level leaders having served in a public setting must be evaluated in Compass and/or LEADS. **Do not include years served in a public setting.**
- Educational Leader (EDL 1, 2, or 3) higher/renewal requests where the leader served in an approved Louisiana **nonpublic school setting**.
- 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/LEADS. **Do not include years served in a public setting at the school level.**

Social Security Number _____ Email Address: _____		
Legal Name of Applicant: _____ Date of Birth: _____		
LA Certificate #: _____		
School Year:	Employing School/School System:	Job Position/Role:
Local Evaluation Scale (e.g. 4-1, letter grades, excellent-poor, etc.)		What is the educator's Score/Rating Earned for this school year?
What is the maximum score/rating possible?	What is the minimum score/rating possible?	Evaluation Rating Equivalent (select one):
		EFFECTIVE INEFFECTIVE
<i>I attest to the validity of 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>		
Signature: _____		Date: _____ Evaluator Email: _____
Evaluator Name: _____		Evaluator Title: _____
School Year:	Employing School/School System:	Job Position/Role:
Local Evaluation Scale (e.g. 4-1, letter grades, excellent-poor, etc.)		What is the educator's Score/Rating Earned for this school year?
What is the maximum score/rating possible?	What is the minimum score/rating possible?	Evaluation Rating Equivalent (select one):
		EFFECTIVE INEFFECTIVE
<i>I attest to the validity of 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>		
Signature: _____		Date: _____ Evaluator Email: _____
Evaluator Name: _____		Evaluator Title: _____
School Year:	Employing School/School System:	Job Position/Role:
Local Evaluation Scale (e.g. 4-1, letter grades, excellent-poor, etc.)		What is the educator's Score/Rating Earned for this school year?
What is the maximum score/rating possible?	What is the minimum score/rating possible?	Evaluation Rating Equivalent (select one):
		EFFECTIVE INEFFECTIVE
<i>I attest to the validity of 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>		
Signature: _____		Date: _____ Evaluator Email: _____
Evaluator Name: _____		Evaluator Title: _____