

MILITARY OUT-OF-STATE CERTIFICATION APPLICATION

The Military Out-of-State application packet is used by educators who are active military or military spouse applicants and who **hold standard professional level teaching certification in another state** in order to obtain a standard Louisiana teaching certificate.

Applicants who have completed a teacher preparation program, including student teaching or equivalent, in another state **but do NOT hold standard professional teaching certification in another state** should review and submit the standard [Out-of-State \(OS\) Application](#).

Active military or military spouse applicants must have the following to be eligible for Louisiana's Military Out-of-State (OSm) certificate:

1. Military orders transferring the applicant or spouse to Louisiana for active duty.
2. A standard professional level out-of-state teaching certificate as documented with a copy of the certificate AND the [Teacher Preparation and Certification Status form](#) (included with this application packet). LDOE will verify that all standard professional level teaching certificates from other states are in good standing.
3. A background check must be conducted in accordance with Louisiana statute to verify compliance with standards of practice.

A letter of eligibility for OSm or Level certification will be issued to educators not yet employed as a teacher in Louisiana who meet the requirements above indicating the certification areas which will appear on the certificate when issued. Teaching areas designated on the letter/certificate are based upon the educator's teacher preparation concentration area, reciprocity with other state teaching certificate(s) the educator may hold, and certification areas available in Louisiana.

Using the letter of eligibility, the educator may seek employment in a Louisiana school system as a teacher-of-record. Once employed, the school system will submit a letter verifying employment, requesting issuance of the appropriate certificate by uploading the letter and a new professional conduct form signed/dated by the educator along with the required IDs. If the educator is employed in a Louisiana school system prior to applying for certification, the employing school system must sign and submit the OSm application packet on behalf of the educator, allowing immediate issuance of the certificate.

For active military or military spouse applicants who have fulfilled the above requirements and with fewer than three years of teaching experience verified as successful, a five-year non-renewable Military OS certificate will be issued. During the five-years on the OSm certificate the educator must earn at least three effective ratings as a teacher to advance to the standard, renewable Level 2 or 3 certificate depending on degree(s) earned and documented experience.

Applicants meeting the above requirements with at least three years of teaching experience verified as successful using the [Out-of-State Experience Verification Attestation form](#) (included with this application packet) may bypass the five-year Military OS and receive a standard, renewable Level 2 or 3 certificate depending on degree(s) earned and documented experience.

By enclosing all application documentation, the certification office will determine which certificate to issue based upon the following guidelines:

- If not employed as a teacher in Louisiana, the certification eligibility letter is issued.
- If/once employed as a teacher in Louisiana, the following will be considered when the employing school system requests certification issuance with employment verification:
 - If the educator has fewer than three years of verified successful teaching experience, the Military OS is issued.
 - If the educator has at least three years of successful teaching experience documented, the Level 2 is issued.
 - If the educator has a minimum of five years of verified successful teaching experience, and earned a graduate degree, the Level 3 is issued.

Submitting application: The educator, or if employed, the Louisiana employing school system, submits the following items as a single PDF file through the [online educator certification portal](#). The following items are required as part of a complete application packet and must be signed and dated with current date:

1. **Copy of Applicant Social Security Card** (required with every application)
2. **Copy of Military orders transferring the applicant or spouse to Louisiana for active duty** (required to receive expedited processing and the benefits of the Military OS)
3. **Application form (required)** with all information provided, signed and dated within the last 90 days
4. **Professional Conduct form (required)** with all questions answered, signed, and dated by the applicant within the last 90 days
5. **Official Transcripts or Equivalency Evaluation Transcript (required)** showing all degree(s) awarded/earned and coursework. If the degree was awarded from an institution outside of the United States and not accredited by one of the US accrediting agencies, the transcripts/foreign credentials will need to be reviewed by a credentialing evaluation 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 where a course-by-course evaluation including comparability of the baccalaureate or graduate degree is provided. Official transcripts/evaluations must be included with the application and are not accepted when sent directly to LDOE via mail or email. Applicants should send the transcripts to themselves or to their employing school system for upload to the online portal.
6. **Teacher Preparation/Certification Status form (required)** completed by **the initial credentialing agency**. If credentialing agency is unable to complete this form, the information may be provided by the teacher preparation program provider, university or college.
7. **Copy of Teaching Certificate(s)** issued by any other state(s)
8. **Out-of-State Experience Verification Attestation** (if educator has teaching experience in another state)
9. **In-state Experience Verification form** (if educator has Louisiana teaching experience)
10. **Copy of Online Payment Confirmation (required)** email or screenshot* - Use [Processing Fee Schedule](#) to determine the 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](#) in order to make fee payment to LDOE.

♦ **Contact Information:** All questions regarding certification requirements or the certification process, can be answered by submitting your question to the certification office via the [online educator certification portal](#).

♦ Military Out-of-State applications will be prioritized for processing. Notification of eligibility will be issued no later than 20 days from the receipt of a complete application. You can check the status of your certification application [online HERE](#).

Handwritten documents will not be accepted for certification processing.

Social Security Number _____
(no dashes, no spaces)

Email Address: _____

Legal Name of Applicant: _____ Date of Birth: _____

Check here if requesting name change; name will be changed to match social security card.

Address: _____
(Street) (City) (State) (Zip Code)

Phone: (____) _____

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

DETAILS OF TEACHING EXPERIENCE (attach additional pages as needed; this will officially be verified on the Out-of-State Experience Verification Attestation and/or Experience Verification form included with this application)

Name(s) of School(s)	School Year(s)—Give Dates	Elem. Grade(s), High School Subject(s) Taught, or Supervisory/Admin. Service

I/We request the issuance of the Military OS or Level certificate appropriate to my credentials. I understand that, if not employed as a teacher of record in Louisiana as verified by my school system below, an eligibility letter only will be issued if requirements are met. 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 former employers to release information regarding my scores, grades, or employment to the Louisiana Department of Education 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>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.</i>	
SIGNATURE OF APPLICANT:	DATE SIGNED:



- 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 STOP HERE*****

Revised: 6/1/2024



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 (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.) If role is unique, include a job description.	Method of Evaluation <ul style="list-style-type: none">Compass/LEADSLocal EvaluationEmployer EvaluationCannot Be Evaluated – include a job description
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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):	
Name of Country, District, or County	NAME OF SCHOOL	Dates of Service MM/YYYY-MM/YYYY (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	

*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: