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## EDUCATIONAL INTERPRETER/TRANSLITERATOR ANCILLARY CERTIFICATE APPLICATION

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An **Educational Interpreter** certificate is issued to individuals who provide sign language interpreting services by facilitating communication within an instructional environment via an enhanced visual and/or tactile mode between and among deaf/hard of hearing and hearing individuals in situations in which those individuals are unable to communicate with one another using a speech and hearing mode.

An **Educational Transliterater** certificate is issued to individuals who provide cued language transliteration services by facilitating communication within an instructional environment via an enhanced visual and/or tactile mode between and among deaf/hard of hearing and hearing individuals in situations in which those individuals are unable to communicate with one another using a speech and hearing mode.

### Eligibility Requirements—

- Applicant has at least a standard high school diploma, HiSET, or a General Equivalency Diploma (GED), **AND** the following specific to the level and area of certification:
  
- **Provisional Educational Interpreter Certificate** eligibility requirements:
  - complete an accredited interpreter preparation program with a minimum of a certificate of completion;
  - hold certification as a sign language interpreter/transliterater by a national or state organization or certifying body;
  - achieve an advanced level or higher, as measured by the sign language proficiency interview (SLPI) or sign communication proficiency interview (SCPI); or pass the pre-hiring screening of the educational interpreter performance assessment (EIPA).
  - *Renewal Requirements:* valid for one year, may be renewed annually at the request of the employing school system, up to three years; and renewable upon completion of 10 contact hours of professional development annually with course credit leading to a Qualified Certificate applied towards the 10 hours and accrued beginning with the issuance of the Provisional Educational Interpreter Certificate.
  
- **Qualified Educational Interpreter Certificate** eligibility requirements:
  - pass the Educational Interpreter Assessment, Written Test; and
  - achieve a level of 3.0 on one of the standardized videotape versions of the Educational Interpreter Performance Assessment: American Sign Language (ASL), Manually Coded English (MCE), or Pidgin Signed English (PSE) at the Elementary and/or Secondary level.
  - *Renewal Requirements:* valid for five years and may be renewed at the request of the employing school system upon completion of six semester hours of credit or equivalent continuing professional development of 90 Contact hours. The six hours of credit or 90 equivalent clock hours shall be directly and substantively related to one or more of the permits or certificates held by the applicant or related to the applicant's professional competency. These hours shall be accrued beginning with the date of certification issuance.
  
- **Provisional Educational Transliterater Certificate** eligibility requirements:
  - hold certification as a cued speech transliterater from a national or state recognized organization or certifying body; or pass the Cued American English Competency Screening.
  - *Renewal Requirements:* valid for one year, may be renewed annually at the request of the employing school system, up to three years; and renewable upon completion of ten contact hours of professional development annually with course credit leading to a Qualified Educational Transliterater Certificate and may be applied toward the 10 hours and accrued beginning with the issuance of the Provisional Educational Transliterater Certificate.
  
- **Qualified Educational Transliterater Certificate** eligibility requirements:
  - pass the Cued Language Transliterater State level Performance Assessment; or attain a level of 3.5 on the Educational Interpreter Performance Assessment-Cued Speech (EIPA-CS); and
  - pass the Cued Language Transliterater State Level Written Assessment.
  - *Renewal Requirements:* may be renewed every five years at the request of the Louisiana employing authority upon completion of six semester hours of credit or equivalent continuing professional development (90 Contact hours). The six hours of credit or 90 equivalent clock hours shall be directly and substantively related to one or more of the permits or certificates held by the applicant or related to the applicant's professional competency. These hours shall be accrued beginning the date of issuance of the Qualified Educational Transliterater Certificate.

**Submitting application:** The applicant, 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 -and- Driver's License/State ID** (these are required with every application even if name change is not requested)
2. **Application** form with all information provided, signed and dated within the last 90 days
3. **Professional Conduct** form with all questions answered, signed, and dated by the applicant
4. **Copy of High School Diploma, HiSET, or GED, or Transcripts** if earned degree(s).
5. **Copy of required licensure or examination required**
6. **Experience Verification** form completed/signed by the Louisiana employing school system to provide evidence of successful experience for the ancillary certificate being requested.
7. **Verification of Hours Earned for Renewal** (if applicable)
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 _____ (no dashes, no spaces)	Email Address: _____
Legal Name of Applicant: _____ Date of Birth: _____	
Check here if requesting name change; must match social security card & driver's license/state ID submitted.	
Address: _____ (Street) (City) (State) (Zip Code)	
Phone: (____) _____	LA Certificate #: _____ Payment Confirmation # _____ <small>(Provide email confirmation or screenshot of payment with documents)</small>

**Type of request:**

Requested Certificate (check one):			
Educational Interpreter (ASL, PSE, SEE)		Educational Transliterater (Cued Speech)	
Provisional Educational Interpreter	Qualified Educational Interpreter	Provisional Educational Transliterater	Qualified Educational Transliterater
<b>Must have evidence of <u>one</u> of the following:</b> Please Check <input type="checkbox"/> Successfully Completed an Interpreter Preparation Program <input type="checkbox"/> National Certification as a Sign Language Interpreter <input type="checkbox"/> Possess SLPI or SCPI at Specified Level <input type="checkbox"/> Possess Specified Level Pre-hire EIPA	<b>Must have evidence of <u>both</u> of the following:</b> Please Check <input type="checkbox"/> Pass the Educational Interpreter Performance Assessment - written test <input type="checkbox"/> Pass a standardized videotaped version of the Educational Interpreter Performance Assessment at the Specified Level	<b>Must have evidence of <u>one</u> of the following:</b> Please Check <input type="checkbox"/> National Certification as a Cued Speech Transliterater <input type="checkbox"/> Pass the Cued American English Competency Screening	<b>Must have evidence of <u>both</u> of the following:</b> Please Check <input type="checkbox"/> Pass the state sanctioned Cued Language Transliterater written assessment <input type="checkbox"/> Pass the Cued Language Transliterater Performance Assessment <u>or</u> Educational Interpreter Performance Assessment – Cued Speech (EIPA_CS) at the Specified Level

**Note:** An individual who does not meet Qualified Educational Interpreter/Transliterater requirements may apply for a provisional certificate.

**I agree that my typed/electronic signature as entered below is the legal equivalent of my manual signature on this application.**

Signature of Applicant:	Date:
Signature of LA Employing School System:	Date:
Name of Louisiana Employing School System:	Employing School System Email:

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				
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***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: