

NONPUBLIC HIGHER CERTIFICATE AND NONPUBLIC CERTIFICATION RENEWAL APPLICATION

By completing the Nonpublic Higher/Renewal Application <u>on behalf of your current or former employee</u>, you can request a certificate be renewed, extended, reinstated, advanced to a higher level, or changed status, pausing or resuming the validity based upon active role of certificate holder. Upon receipt of the application, a certification case will be opened in the state's certification database, trackable online at TeachLouisiana.net under <u>Status of a Certification Application here</u>.

A standard certificate with an asterisk (*) following the certificate type is issued to a teacher in a nonpublic school. The asterisk (*) refers to a statement placed on the certificate: "If this teacher enters a public school system in Louisiana, he will be required to meet the standards of effectiveness pursuant to state law and Bulletin 130 for issuance of a Level 2 or Level 3 teaching certificate." Any reference to "evaluation program" herein for nonpublic school systems means "complete a teacher evaluation program for three years at a nonpublic school, with the principal as evaluator and the teacher performance rated as satisfactory in the areas of planning, management, instruction, and professional development."

Level 2* Certificate—valid for five years, renewable with effective ratings per local personnel evaluations for at least three years during the five-year initial or renewal period.

Eligibility requirements:

- a Louisiana level 1 certificate;
- successfully taught for three years; and
- complete a teacher evaluation program for three years at a nonpublic school

Type B* Certificate—valid for lifetime for continuous service in a nonpublic school setting, provided teacher does not allow any period of five or more consecutive years of disuse to accrue where not a regularly employed teacher for at least one semester.

Eligibility requirements:

- a Louisiana type B certificate;
- successfully taught for three years; and
- complete a teacher evaluation program for three years at a nonpublic school

Level 3* Certificate—valid for five years, renewable with effective ratings per local personnel evaluations for at least three years during the five-year initial or renewal period.

Eligibility requirements:

- hold or be eligible to hold a Louisiana level 1, 2, 2*, or 3 certificate;
- successfully taught for five years;
- graduate degree from college or university accredited in accordance with 34 CFR 602; and
- complete a teacher evaluation program for three years at a nonpublic school

Type A* Certificate—valid for lifetime for continuous service in a nonpublic school setting, provided teacher does not allow any period of five or more consecutive years of disuse to accrue where not a regularly employed teacher for at least one semester.

Eligibility requirements:

- a Louisiana type B, or type B* certificate;
- successfully taught for five years;
- graduate degree from a college or university accredited in accordance with 34 CFR 602; and
- complete a teacher evaluation program for three years at a nonpublic school

Reinstating Lapsed Types B, B*, A, or A* Certificate

- If the holder of a Type B/B*, or Type A/A* certificate allows a period of five consecutive calendar years to pass in which the educator is not a regularly employed teacher for at least one semester, or 90 consecutive days, the certificate will lapse for disuse.
- To reinstate a lapsed certificate, the holder must present evidence that the educator earned six semester hours of credit in <u>state-approved courses</u> during the five-year period immediately preceding the request for reinstatement.
- If the holder did not earn six semester hours or equivalent, the lapsed certificate may be reactivated upon request of the Louisiana employing authority at the level that was attained prior to disuse for a period of one year, during which time the holder must complete reinstatement requirements



Non-practicing and Return to Practicing Status Change

- Non-Practicing status
 - Teachers who are not serving/employed or who are serving in another state/country should place their Louisiana teaching certification into Non-practicing status. Doing so preserves the validity of the certificate since renewal of a Louisiana teaching certificate requires the educator earn effective teacher evaluations.
 - Educational Leaders (EDL) serving at the school level in a nonpublic setting on EDL certificates should place their EDL certificates into non-practicing status as the EDL cannot currently be renewed or advanced using local evaluations unless serving at the district level. Putting it into non-practicing status will preserve the validity on the certificate.
 - Educational Leaders serving on EDL certificates should place their teaching certificates into non-practicing status while serving on the EDL certificate. Putting it into non-practicing status will preserve the validity on the teaching certificate, so that when/if the educator returns to a teaching role, validity will remain on the certificate. The same is true for teachers who hold EDL certificates but who are teaching; the EDL would be placed into non-practicing while serving on the teaching certificate in practicing status.
 - The requested effective date of non-practicing status should be the last date of employment in the evaluated role, within the certificate's validity, no earlier than August 1, 2012, as verified by the school system.
- Return to Practicing status
 - Non-practicing teachers and leaders returning to practice may apply through employing school system for an extension of their certificate for the number of years remaining in the renewal period of the certificate by requesting the certificate be placed back into practicing status effective the date returning to the evaluated role.

Submitting Application

The employing Louisiana school / school system submits the complete application packet (including required documentation) through an authorized HR account on the online <u>educator certification portal</u>. The following are submitted as part of a complete application:

- 1. Copy of Applicant Social Security Card and Driver's License (these are required with every application)
- 2. Nonpublic Higher/Renewal Application form
- 3. Professional Conduct form with <u>all</u> questions answered, signed, and dated by the applicant
- Experience Verification and/or <u>Out-of-State Experience Verification Attestation</u> form(s) (Higher certificate, Reactivate/Reinstate, Status Change)
- 5. Local Evaluation Attestation form
- 6. Graduate Degree Transcript if applying for Level 3* or Type A*. Official transcripts should be sent directly to the educator or employing school / school system to be submitted with the application.
- 7. 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. Guide the educator to their <u>TeachLA Live! portal account</u> so that the fee, appropriate to the request, can be made to LDOE online through the payment portal. Inform the educator that the email confirmation or screenshot will need to be provided to submitting school system as the confirmation number alone is not accepted.)

Contact Information: All questions regarding certification requirements or the process, can be answered by contacting the certification staff through the online <u>educator certification portal</u>. Employing school systems may request a phone call by using the online scheduler accessible in the portal once logged in with "Human Resource" credentials for the employing school system. All applications will be evaluated in the order in which they are received. You can check the status of your certification application <u>online HERE</u>.



Application Type - NH

Handwritten documents will not be accepted for certification processing.

| | curity Number no spaces) | Email Ado | lress: | | |
|----------------------|------------------------------|--|-------------------|------------|----|
| Legal Nan | ne of Applicant: | | Date of Birth: | | |
| | k here if requesting name ch | ange; will be updated to match name on S | S card submitted. | | |
| , laar 666. <u>-</u> | (Street) | (City) | (State) | (Zip Code) | |
| Phone: (_ |) | LA Certificate #: | | mation # | s) |

Indicate the certification request/recommendation:

Higher Level Certificate / Nonpublic (*) Certificate at the gualified Level - If requirements for a higher certificate are met based on the documentation provided, a new certificate is issued at the gualified level. The new certificate replaces the lower certificate. Areas of certification remain the same. An educator that holds a public Level 1, 2, or 3 and has completed a teacher evaluation program for three years at a nonpublic school is issued a new certificate with the asterisk (*). Include graduate degree transcript if not already reflected on the current certificate to be evaluated for Level 3* or Type A*. Public school educators contact your employing school system for a higher level certificate request. If request is for Educational Leader issuance/higher, use the Educational Leader App.

Extend/Renew Certificate - Renewal or extension adds validity to the current Level or Type C certificate if requirements are met and extension is allowed by Bulletin 746. A request to renew WILL NOT change the Type or Level of a certificate, or issue the separate nonpublic (*) certificate. To request that the current certificate be renewed if a higher request cannot be granted, an extension may be indicated here in addition to the higher request above.

Reactivate / Reinstate Lapsed Type A, A*, B, or B* - Provides 1-year validity on the certificate allowing educator to complete coursework for full reinstatement where there has been a 5-year break in teaching/service and evidence of completed coursework has not been provided. Reinstates certificate validity to "lifetime with continuous service" if applicant includes transcripts with six semester hours completed within the past five year period.

Status Request Change - Status change request must be accompanied by the experience verification form which aligns to the requested effective date within the validity of the certificate, not before August 1, 2012. Two status changes per certificate may be requested here if retroactively placing a certificate into nonpracticing and back into practicing.

| Certificate Type & Number: | Certificate's Current Validity: | to MM/DD/YYYY to MM/DD/YYYY |
|--|---|--------------------------------|
| Non-practicing Status: Effective Date for | Status Change: MM/DD/YYYY | or at issuance/renewal |
| Return to Practicing Status or evaluated | role: Effective Date for Status Chang | e: MM/DD/YYYY |
| I agree that my typed/electronic signature as entered be | elow 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 Emploving School System: | Employing Scho | ol Svstem Email: |



Louisiana Believes

Professional Conduct Form

| APPLICANT'S SSN: | | |
|--|------------|---------------------|
| ADDRESS: DATE OF | | |
| (Street Address, Including City, State, Zip) | | |
| ANSWER <u>ALL</u> QUESTIONS | Che YES | ^{ck} NO |
| Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? If YES, in which state? | | |
| Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending? If YES, 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: | | |
| 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 | DATE SIGNED: |
|--------------|--------------|
| APPLICANT: | |
| | |



TITLE & DISTRICT OF EMPLOYING AUTHORITY:

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:(Stree | eet) (City/State) | | | Phone #: (Zip Code) | () | | |
| LA School System (<u>Out of</u> <u>State</u> <u>Experience</u> <u>must be</u> <u>verified on</u> <u>form linked</u> <u>here</u>) | NAME OF SCHOOL | Type Sch Public | | 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.) |
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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: | | | | C | DATE: | | |

EMPLOYER'S E-MAIL:



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 Non-public Teaching (Level 2*, 3*) certificate or for certain Ancillary renewals. Please refer to <u>Bulletin 746</u> 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 | <u> </u> | |
|--------------------------|-------------------|---------------|----------------|--|
| Legal Name of Applicant: | | | Date of Birth: | |
| Address: (Street) | (City) | (State) | (Zip Code) | |
| Phone: () | LA Certificate #: | | | |

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