

**LOUISIANA DEPARTMENT OF EDUCATION
TEACHER CERTIFICATION AND HIGHER EDUCATION**

PLEASE TYPE OR PRINT IN INK

PROFESSIONAL CONDUCT FORM (All questions <u>must</u> be answered)

NAME OF APPLICANT: (Including, First, Middle, and Married)	Social Security Number: _____ - _____ - _____
ADDRESS:	DATE OF BIRTH:

<i>Each Question must be answered:</i>	Please Check	
	YES	NO
1. Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? If YES , in what state? _____		
2. Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending? If YES , in what 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: Specify the Offense: _____ Date of Offense: _____ State and Parish/County of Conviction: _____ Judicial District of Court 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?		

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, and 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.

SIGNATURE OF APPLICANT:	DATE:
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