



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
POST OFFICE BOX 94064, BATON ROUGE, LOUISIANA 70804-9064
Toll Free #: 1-877-453-2721
<http://www.louisianaschools.net>

**PRACTITIONER LICENSE
INITIAL APPLICATION (PL 1)**

APPLICATION MUST BE SUBMITTED BY THE PROGRAM PROVIDER

Practitioner License (PL1)

Louisiana offers Practitioner Licenses (PL) to applicants enrolled in a state approved public or private Practitioner Teacher Program. Applicants must hold a degree from a regionally accredited college or university with a 2.50 or higher grade point average on a 4.00 scale to enter a private provider program; or 2.20 or higher grade point average on a 4.00 scale to enter a college or university program; passing scores on NTE/Praxis Pre-Professional Skills Tests (PPSTs) and current Praxis content area exam(s). Candidates possessing a graduate degree will be exempt from the PPST requirement. In addition, an ACT composite score of 22 or a SAT combined verbal and math score of 1030 may be used in lieu of Praxis I.

The PL1 license is valid for one year and renewed annually up to three years if evidence of completion of renewal requirements is submitted. To renew, the individual must remain enrolled in the Practitioner Teacher Program and must have fulfilled all coursework, teaching assignments, and prescribed activities as identified by the program provider. Upon completion of the three years of employment on this certificate, the holder must fulfill guidelines for a Level 1 or higher-level certificate for continued employment in a Louisiana school system.

Application Process

The following items are required as part of a complete application packet:

1. **Application for PL License** with all information provided;
2. **Official transcripts** (copies not acceptable);
3. **PRAXIS/NTE Exam(s)** The exam score(s) may be submitted to the Division of Certification, Leadership and Preparation directly from Educational Testing Services, or in the form of the original score report submitted directly from the applicant. The original score report will be returned to the applicant once a verified copy is on file in the teacher certification office.
4. **ACT/SAT Scores (used in lieu of Praxis I)** The scores may be verified three ways: The original score card may be submitted; or the dean of education/program provider or registrar may submit verification on provider's letterhead stationary; or the score may appear on an official college transcript.
5. **Professional Conduct** form, with all questions answered and signed by the applicant;
6. **\$50.00 non-refundable certification processing fee** (check or money order, payable to the Louisiana Department of Education). The Certification Processing Fee schedule is available at the following web address <https://oesprd01.doe.louisiana.gov/pdf/certfees.pdf>.

All application materials are to be sent to the Louisiana Department of Education as a single packet. Once the complete set of application materials is received, the application packet will be evaluated for purposes of issuing a Louisiana certificate. Requests that are missing any of the required materials will not be processed; incomplete applications will be returned to the provider, with directions as to what is missing in the application. If an original transcript is not included but is being mailed by the university, it must be noted on the packet that transcripts will be forwarded from the university.

Additional Information

- ◆ **Contact Information:** If there are questions about requirements or the certification process, one should contact Certification, Preparation, and Recruitment at (225) 342-3490 (or toll free at 1-877-453-2721), or email Customerservice@la.gov for assistance.
- ◆ **Effective June 16, 2010:** The Division of Certification, Preparation, and Recruitment will no longer print and mail Louisiana teaching and/or ancillary certificates. You may verify issuance and print a copy of the certificate via Teach Louisiana at <https://www.teachlouisiana.net> by clicking "Verify Teaching Certificate."

LOUISIANA DEPARTMENT OF EDUCATION
Certification, Preparation, and Recruitment
P.O. Box 94064, Baton Rouge, LA 70804-9064



INITIAL APPLICATION for PRACTITIONER LICENSE (PL1)

SCHOOL YEAR: _____ — _____ **COHORT:** SUMMER _____ FALL _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **DATE OF BIRTH:** ____/____/____

NAME: _____
 (First) (Middle) (Maiden/Family) (Married Name)

PHONE NUMBER: (____) _____ **E-MAIL ADDRESS:** _____

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

DEGREE(S) HELD: _____
 (Degree(s) Held) (College/University) (Year)

EMPLOYMENT PLACEMENT	
CERTIFICATION AREA REQUESTED	GRADE LEVEL(S)
SCHOOL	DISTRICT

PROGRAM PROVIDER INFORMATION	
NAME OF PROVIDER ENTITY	
SIGNATURE OF PROGRAM PROVIDER <i>I verify that the above named individual has met ALL requirements for admission into the Practitioner Teacher Program and will follow all guidelines for subsequent renewal of this license.</i>	DATE

SIGNATURE OF TEACHER APPLICANT <i>I verify that I understand and meet all requirements for admission and will follow prescribed renewal guidelines.</i>	DATE

This completed application form, along with required support documents, must be submitted to the Division of Certification and Preparation at the above address.

**LOUISIANA DEPARTMENT OF EDUCATION
CERTIFICATION, PREPARATION, AND RECRUITMENT**

PLEASE TYPE OR PRINT IN INK

PROFESSIONAL CONDUCT FORM

(All questions must be answered)

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

<i>Each Question must be answered:</i>	<i>Please Check</i>	
	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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