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 fulfill a minimum of six (6) semester hours of coursework or equivalent contact hours per year (to the extent that required semester hours remain in the program to be completed), 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 Renewal of PL License** with all information provided;
2. **Official transcripts** (copies not acceptable), to demonstrate progress in college or university-based practitioner teacher program;
3. **Professional Conduct** form, with all questions answered and signed by the applicant.
4. A **$25.00 non-refundable** certification processing fee (fee should be submitted in the form of a school district check or money order, made payable to Louisiana Department of Education). The Certification Processing Fee schedule is available at the following web address [https://oesprd01.doe.louisiana.gov/pdf/certfees.pdf](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 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.

“An Equal Opportunity Employer”

Revised 8/19/10
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."
RENEWAL APPLICATION for PRACTITIONER LICENSES (PL1)

SCHOOL YEAR: ________ – ________

COHORT: SUMMER ___    FALL ___    RENEWAL FOR: ____ YEAR 2  ____ YEAR 3

SOCIAL SECURITY NUMBER:_______ - ______-_______ DATE OF BIRTH:_____/_____/_____

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

PHONE NUMBER: (____)_______________

E-MAIL ADDRESS: __________________________

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

EMPLOYMENT PLACEMENT

<table>
<thead>
<tr>
<th>CERTIFICATION AREA REQUESTED</th>
<th>GRADE LEVEL(S)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

SCHOOL

DISTRICT

PROGRAM PROVIDER INFORMATION

NAME OF PROVIDER ENTITY

SIGNATURE OF PROGRAM PROVIDER
I verify that the above named individual remains enrolled in the Practitioner Teacher Program and has fulfilled all coursework, teaching assignments, and activities as identified by the program provider during the preceding year.

DATE

SIGNATURE OF TEACHER APPLICANT
I verify that I have met all requirements for renewal of this PL1 license.

DATE

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

(All questions must be answered)

<table>
<thead>
<tr>
<th>NAME OF APPLICANT: (Including, First, Middle, and Married)</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_______ - ______ - ______</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>DATE OF BIRTH:</td>
</tr>
</tbody>
</table>

### Each Question must be answered:

<table>
<thead>
<tr>
<th>Question</th>
<th>Please Check</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? If YES, in what state?</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
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<tr>
<td>3. Have you ever been convicted of any felony offense, been found guilty or entered a plea of <em>nolo contendere</em> (no contest), even if adjudication was withheld? If yes, please provide the following information: Specify the Offense: ______ State and Parish/County of Conviction: ______ Judicial District of Court of Conviction: ______</td>
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</tr>
<tr>
<td>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.</td>
<td></td>
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<tr>
<td>5. Have you ever been granted a pardon or expungement for any offense as stated in #3 or #4?</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>SIGNATURE OF APPLICANT:</th>
<th>DATE:</th>
</tr>
</thead>
</table>