

## EVALUATION, ADD-ON, COURSE APPROVAL & NAME CHANGE APPLICATION

### CHANGES OR ADDITIONS CAN ONLY BE MADE TO A [VALID CERTIFICATE](#).

Verify the certificate is valid before submitting any request on this application. If the certificate is expired or nearing expiration, work with the employing school system to submit a request to make the certificate valid BEFORE submitting this application. If the certificate is expired **at the time of application processing** the request will be denied and a new application and a new fee will be required to re-apply once a valid certificate is held.

By completing this application, educators may request a name change, degree and endorsement additions, course/transcript evaluations for the purposes of fulfilling add-on, and course analysis/pre-approval. Upon receipt of the completed forms and appropriate processing fee as noted on the [Certification Processing Fee Schedule](#), a certification case will be opened in the Teacher Certification Management System (TCMS) which is trackable online. If additional information is needed or feedback is provided, that information can be viewed online by checking the [Status of a Certification Application here](#). Evaluations will be provided via the online portal in response to the certification submission case.

### Official Transcripts

Transcripts are required to be official for all certification purposes. Official transcripts should be mailed or emailed directly to **you or your employing school system** and will be considered official when scanned and/or uploaded to the online certification portal with your certification application packet. The Certification Office does not accept transcripts sent directly via email or paper mail.

### Adding a Degree(s)

To request the addition of a degree(s) to a certificate, submit the application form, professional conduct form, official transcript, required IDs, and certification processing fee receipt. When requesting the addition of the [Master's Plus 30](#) designation, any excess graduate credits earned in the first master's degree program should be verified by the dean of the graduate school of the appropriate university on official letterhead. If the additional graduate hours resulted in a second graduate degree, requesting the addition of the new degree and the Master's Plus 30 designation is two requests and requires an additional [processing fee](#).

If there is a certification area associated with the degree earned, the application should also include the request for that endorsement to be added to the educator's certificate and the [self-evaluation add-on checklist](#) for the requested area. Associated endorsements are not automatically added to the certificate if not specifically requested. If the graduate degree is a **requirement to add the endorsement** and a graduate degree is not already [appearing on the certificate](#) (i.e. Academically Gifted, Reading Specialist, etc.), an additional fee is not required to add the qualifying credential. If the degree is NOT a requirement for the add-on area, an additional fee is required to add both a degree and an endorsement area.

### Evaluation and/or Addition of Teaching Endorsements (Add-ons)

To request an evaluation and/or to add teaching endorsements to a teaching certificate, educators must conduct and submit the applicable [self-evaluation add-on checklist](#) (located by clicking on the [Add-On & Ancillary Endorsements](#) link on TeachLouisiana.net), application, professional conduct form, transcripts, PRAXIS scores (if applicable), the experience verification form (if applicable), required IDs, and certification processing fee receipt. If you are uncertain of the name of a specific certification area offered in Louisiana, please refer to [Bulletin 746](#). All required coursework must be reflected with the number of hours earned on official transcripts from the institution where the course was completed. Courses must be completed with a grade of 'C' or better to be used for certification purposes.

If experience is a requirement or if using successful experience in lieu of a practicum or internship course (where applicable), the Experience Verification form must be signed and the application submitted by the employing school system. If the self-evaluation indicates **successful** experience is required, successfulness is verified in one of the following ways:

- Effective evaluation rating in the Compass Information System (CIS) and/or LEADS for years served in a public setting in Louisiana. No additional documentation required.
- Effective ratings for years served in a nonpublic setting using the [Local Evaluation Attestation](#), completed by the employing Louisiana nonpublic school/school system.
- Effective ratings from a BESE-approved company for years providing instruction, contracted to but not employed by a Louisiana public school, verified using the [Employer Evaluation Attestation](#).
- Successful years served outside of Louisiana, verified using the [Out-of-State Experience Verification Attestation](#).

If seeking certification as an Educational Leader (EDL), use the [Educational Leader Application](#) to request EDL eligibility or the stand-alone certificate. EDL is NOT an add-on endorsement. If applying for EDL via the graduate degree path, official transcripts reflecting the degree awarded in Educational Leadership should be included with the Educational Leader Application. If qualified, the degree will be added as the qualifying credential for EDL eligibility/certification. An additional application is **not required** to add the degree if qualified for EDL eligibility/certification.

If seeking Mentor Teacher/Content Leader certification, use the [Mentor Teacher/Content Leader \(MT/CL\) application](#).

### Course Analysis and Approval

To request written pre-approval of coursework **not yet taken** for the purposes of certification endorsement add-on, educators may apply for course analysis. The educator would include the application page, professional conduct form, [self-evaluation add-on checklist](#) (located by clicking on the [Add-On & Ancillary Endorsements](#) link on TeachLouisiana.net) indicating which courses you wish to use to fulfill requirements, course descriptions from university catalog or their website, and certification processing fee receipt. Written feedback will be provided via the online portal in response to your request.

### Name Change

To request a name change this application may be used by checking name change box on the application page and by providing a copy of the educator's Social Security (SS) card and driver's license showing legal name. Name changes are included as a free transaction on all applications as the SS card and driver's license are required with ALL certification applications. If a name change is requested with no other transaction, the application page, professional conduct form, the SS card, driver's license, and a \$25.00 fee are required.

### Submitting the Application

Submit a completed application packet (including required documentation) 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\*** (these are required with every application)
  2. **Evaluation, Add-on, Course Approval, & Name Change (EV) Application form\*** signed and dated within 90 days of submission
  3. **Professional Conduct form\*** with all questions answered, signed, and dated by the applicant within 90 days of submission
  4. **Experience Verification form** and/or [Out-of-State Attestation](#) form (if applicable)
  5. [Local Evaluation Attestation](#) or [Employer Evaluation Attestation](#) if *successful* teaching experience is required and experience was gained in a nonpublic setting or while contracted to, but not employed by, a public school
  6. **Official transcripts** (if applicable and not already on file with the certification office)
  7. [Self-evaluation Add-on Checklist](#) completed by the applicant and **specifying course code and number** for all coursework required where applicable
  8. **Course descriptions** from the university catalog or website if seeking Course Approval or Evaluation of coursework completed with a college or university outside of Louisiana
  9. **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. Payments are made online through the payment portal on [TeachLA Live!](#). The email confirmation or screenshot is required. The confirmation number alone is not accepted. Applications that do not include the email confirmation or payment success screen will be returned without processing.
- ◆ **Contact Information:** All questions regarding certification requirements or the certification process, can be answered by contacting the Louisiana Department of Education's online [educator certification portal](#). All applications will be evaluated in the order in which they are received. You can check the status of a certification application [online HERE](#).

**Handwritten documents will not be accepted for certification processing.**

Social Security Number \_\_\_\_\_ Email Address: \_\_\_\_\_  
(no dashes, no spaces)

Legal Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Check here if requesting name change; name will be updated to match the Social Security card submitted.*

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Valid LA Certificate #: \_\_\_\_\_ Payment Confirmation # \_\_\_\_\_  
(Provide email confirmation or screenshot of payment with documents)

Indicate the certification request/recommendation:

**Check here for NAME CHANGE ONLY**

**Addition of Degree(s)-** *Enclose official transcripts with application packet. DO NOT indicate degrees already present on the certificate. Only new degree(s) to be added should be indicated below.*

<b>Indicate Degree Adding:</b>	<b>University:</b>	<b>Date Degree Awarded:</b>
Master's Degree		
<u>Master's Plus 30</u> Graduate Hours		
Specialist Degree		
Doctorate Degree		

**Evaluate or Add the following endorsement(s)-**  
*Endorsements should be listed as they officially appear in Bulletin 746.  
Self-evaluation must be included with application packet and **include course code and number** for all required courses completed.  
Refer to the fee schedule to determine total certification processing fee based upon the number of areas requested.*


**Course approval for the following endorsement(s)-**  
*Endorsements should be listed as they officially appear in Bulletin 746.  
Self-evaluation must be included with application packet indicating which courses you wish to use to fulfill requirements.  
Course descriptions must be included with application packet (these can be from university catalog or their website).  
Refer to the fee schedule to determine total certification processing fee based upon the number of areas requested.*


**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:

APPLICANT'S FULL NAME:	SSN (No Dashes):
ADDRESS (Street Address, Including City, State, Zip):	DATE OF BIRTH (MM/DD/YYYY):

<b>ANSWER <u>ALL</u> QUESTIONS</b>	<i>Check</i>	
	<b>YES</b>	<b>NO</b>
1. Have you ever had any professional license or certificate denied, suspended, revoked, censured, or voluntarily surrendered? If <b>YES</b> , what type of professional license/certificate? _____ 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?		
3. Have you ever been convicted of a criminal offense? If <b>YES</b> , when was the date(s) of conviction: _____		

*If you answered "YES" to any of the questions above, you must provide copies of any proceedings or other relevant explanatory documents that provide full disclosure of the nature and circumstances of **EACH** separate incident to be included with the application packet.*

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

Request For: VECHS - LA921103Z (LRS 15:587.7)

In the event, the Louisiana Department of Education's Certification & Background Credentialing Office does not have a CBC on file for me, by my signature below, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states' files, or the FBI files (if applicable) which may confirm or deny my eligibility with them. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. DPSSP 6696 (VECH)

Pursuant to Louisiana law R.S. 15:587.1, background checks shall disclose **ALL CONVICTIONS**, (Including but not limited to expungements and first offender pardons). Criminal Background Checks (CBCs) are conducted in accordance with La. R.S. 17:8.9, La. R.S. 17:15, and La. R.S. 15:587.1. BESE policy set forth in [Bulletin 746-Louisiana Standards for State Certification of School Personnel](#) addresses actions related to the suspension, denial, and revocation of Louisiana Certificates.

*I affirm and declare that all information given by me in this document are 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 a Louisiana employing school system –or– BESE-approved contracted company as official verification of the applicant’s experience.*

**Handwritten documents are not accepted for certification processing.**

EMPLOYEE’S LEGAL NAME:	DATE OF BIRTH (MM/DD/YYYY):	SSN (No Dashes):
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LA School System (Out of State Experience must be verified on form linked here)	NAME OF SCHOOL	Type of School	Dates of Service <span style="color: red;">MM/YYYY-MM/YYYY</span> (e.g. 08/2018-06/2020 –or– 08/2019 – current)	Grade Level(s)	Subject Taught or Service Provided	Employee’s Role/Job Title (e.g. Teacher, Substitute, Principal, District Leader, etc.) <i>If role is unique, include a job description.</i>	<u>Method of Evaluation</u> <ul style="list-style-type: none"> <li><a href="#">Compass/LEADS</a></li> <li><a href="#">Local Evaluation</a></li> <li><a href="#">Employer Evaluation</a></li> <li>Cannot Be Evaluated – include a <u>job description</u></li> </ul>
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<b>I agree &amp; verify the information contained in this document. My electronic signature, as entered below, is the legal equivalent of my manual signature on this application.</b>	
<b>SIGNATURE OF APPLICANT:</b>	
<b>SIGNATURE &amp; TITLE OF EMPLOYING AUTHORITY:</b>	<b>DATE VERIFIED:</b>
<b>NAME OF DISTRICT/COMPANY OF EMPLOYING AUTHORITY:</b>	<b>EMPLOYER’S E-MAIL:</b>