



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
FOR PL 2, PL 3, and PL 4**

APPLICATION MUST BE SUBMITTED BY THE EMPLOYING DISTRICT

Practitioner License (PL 2, PL 3 & PL 4)

Louisiana offers Practitioner Licenses (PL) to applicants enrolled in approved Louisiana alternate teacher education programs. These applicants must hold a degree from a regionally accredited college or university, qualify under PL hiring conditions, and fulfill renewal guidelines each year to be issued another certificate for the subsequent school year. This certificate may be renewed annually for up to three years. 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 electronically to the Division of Teacher Certification 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. **Program prescription plan** that clearly identifies all coursework needed to complete the alternate certification program in which the applicant is enrolled;
5. **Professional Conduct** form with all questions answered and signed by the applicant;
6. **\$50.00 non-refundable certification fee** (check or money order, payable to the Louisiana Department of Education); This fee is required for the initial PL **only**.

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 district with directions as to what is missing in the application. If original transcript is not included but is being mailed by the university, applicant must note 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 the Office of Teacher Certification at (225) 342-3490 (or toll free at 1-877-453-2721), or email Customerservice@la.gov for assistance.

LOUISIANA DEPARTMENT OF EDUCATION
Teacher Certification and Higher Education
P.O. Box 94064 Baton Rouge, LA 70804-9064



INITIAL APPLICATION for PRACTITIONER LICENSES (PL2, PL3, PL4)

SCHOOL YEAR: _____ - _____

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)

Check the appropriate type of practitioner license for which the applicant is applying:	
	PL2 Non-Master's Alternate Program
	PL3 Master's Alternate Program
	PL4 Old Post-Baccalaureate Alternate Program
	Check one: <input type="checkbox"/> Coursework incomplete <input type="checkbox"/> Praxis Exam(s) not completed <input type="checkbox"/> Student teaching/Internship incomplete
EMPLOYMENT PLACEMENT	
CERTIFICATION AREA REQUESTED	GRADE LEVEL(S)
SCHOOL	DISTRICT
PROGRAM PROVIDER and DISTRICT INFORMATION	
NAME OF UNIVERSITY ALTERNATE PROGRAM PROVIDER in which applicant is enrolled	
SIGNATURE OF EMPLOYING AGENCY <i>I verify that the above-named individual has met ALL requirements for admission and is enrolled in a state-approved Non-Master's Alternate Certification Program, Master's Alternate Certification Program, or old Post-Baccalaureate Alternate Certification Program.</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

GUIDELINES FOR PRACTITIONER LICENSES 2, 3, and 4

- ◆ **Practitioner License 2 (PL2)** – The Non-Master's/Certification-Only Alternate Program is designed to serve those candidates who may not elect participation in or be eligible for certification under either the Practitioner Teacher Program or the Master's Degree Alternate Program. Candidates in the Non-Master's/Certification-Only Alternate Program are required to complete 24-33 hours of coursework. To be fully admitted to the program and issued a license an individual must:
 1. Possess a baccalaureate degree from a regionally accredited institution
 2. Have a 2.20 GPA on a 4.00 scale
 3. Pass the PRAXIS Pre-Professional Skills Tests (PPSTs) and current PRAXIS content area exam(s). If no examination has been adopted for Louisiana in the certification area, candidates must present a minimum of 31 semester hours of coursework specific to the content area. Candidates possessing a graduate degree from a regionally accredited college or university will be exempt from the PPST requirement.

- ◆ **Practitioner License 3 (PL3)** – The PL3 license is for candidates enrolled in a graduate program leading to alternate teacher certification. A Louisiana college or university with an approved teacher education program may choose to offer a Master's Degree Program as either a Master's of Education or a Master's of Arts in Teaching. This program offers flexibility in that the college or university may elect to accept master's level coursework already completed by the applicant. Candidates in a Master's Degree Program complete 33-39 hours of coursework. To be fully admitted to the program and issued a license, an individual must:
 1. Possess a baccalaureate degree from a regionally accredited institution
 2. Have a 2.50 GPA on a 4.00 scale
 3. Pass the PRAXIS Pre-Professional Skills Tests (PPSTs) and current PRAXIS content area exam(s). If no examination has been adopted for Louisiana in the certification area, candidates must present a minimum of 31 semester hours of coursework specific to the content area. Candidates possessing a graduate degree from a regionally accredited college or university will be exempt from the PPST requirement.
 4. Meet other non-course requirements established by the college or university

- ◆ **Practitioner License 4 (PL4)** – This certificate may be issued to an individual who is currently enrolled in or has completed an alternate post-baccalaureate program. They cannot be enrolled in a redesigned program: Practitioner Teacher, Master's Degree, or Non-Master's/Certification-Only Alternate Program. To be issued this license an individual must:
 1. Possess a baccalaureate degree from a regionally accredited institution
 2. Have achieved a 2.50 GPA on a 4.00 scale
 3. Have a passing score on the PRAXIS Pre-Professional Skills Tests (PPSTs) and current PRAXIS content area exam(s). If no examination has been adopted for Louisiana in the certification area, candidates must present a minimum of 31 semester hours of coursework specific to the content area.
 4. Have not yet completed all requirements for full certification.

NOTE: August 31, 2006 is the last date for post-baccalaureate candidates in early childhood education, elementary, secondary, and mild/moderate special education to complete their programs.

August 31, 2008 is the last date for post-baccalaureate candidates in the all-level (K-12) areas of art, dance, foreign language, health and physical education and music to complete their programs.

August 31, 2009 is the last date for post-baccalaureate candidates in the areas of early interventionist, hearing impaired, severe/profound, and visual impairments/blind to complete their programs.

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

PLEASE TYPE OR PRINT IN INK

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

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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