PRACTITIONER LICENSE INITIAL APPLICATION
FOR PL 2, and PL 3

APPLICATION MUST BE SUBMITTED BY THE EMPLOYING SCHOOL OR DISTRICT

Practitioner Licenses (PL 2 & PL 3)

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. The PL2 certificate may be renewed annually for up to three years; the PL3 may be renewed annually up to four years. Upon completion of the maximum 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 Certification, Preparation and Recruitment 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 report may be submitted; or the dean of education/program provider or registrar may submit verification on university letterhead stationary; or the score may appear on an official college transcript.
5. Program prescription plan that clearly identifies all coursework needed to complete the alternate certification program in which the applicant is enrolled. NOTE: PL2 applicants’ plan of study must verify that the 80 contact hours of classroom readiness training has been completed.
6. Professional Conduct form with all questions answered and signed by the applicant;
7. $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 district with directions as to what is missing in the application. If the 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: All questions regarding certification requirements or the certification process can be answered by contacting the Louisiana Department of Education’s Constituent Service Center at https://www.louisianabelieves.com/resources/ask-ldeo. Fill in your contact information in the fields provided. Scroll to the “subject” drop down list and click on “Educator Certification” to enter your question. Responses are provided to the email address or phone number you submit.

♦ 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."
INITIAL APPLICATION for PRACTITIONER LICENSES (PL2 & PL3)

SCHOOL YEAR: ________ – __________

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

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

PHONE NUMBER: (____)_______________    E-MAIL ADDRESS: _________________________

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

Check the appropriate type of practitioner license for which the applicant is applying:

<table>
<thead>
<tr>
<th>License Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PL2 Certification-Only Alternate Program</td>
<td>Successful completion of the classroom readiness training (80 contact hours) must be verified by the program provider.</td>
</tr>
<tr>
<td>PL3 Master’s Degree Alternate Program</td>
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EMPLOYMENT PLACEMENT

<table>
<thead>
<tr>
<th>Certification Area Requested</th>
<th>Grade Level(s)</th>
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SCHOOL

DISTRICT

PROGRAM PROVIDER and DISTRICT INFORMATION

NAME OF ALTERNATE PROGRAM PROVIDER in which applicant is enrolled.

SIGNATURE OF NON-UNIVERSITY PROGRAM PROVIDER (If the applicant is enrolled in a Louisiana approved non-university alternate program, the signature of the program provider is required on this application.)

DATE

SIGNATURE OF EMPLOYING AGENCY

I verify that the above-named individual has met ALL requirements for admission and is enrolled in a state-approved Certification-Only Alternate Certification Program or Master’s Degree Alternate Certification Program.

DATE

SIGNATURE OF TEACHER APPLICANT

I verify that I understand and meet all requirements for admission and will follow prescribed renewal guidelines.

DATE
Practitioner License 2 (PL2) – The 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 Certification-Only Alternate Program are required to complete 27-33 hours or equivalent contact hours (405-495) 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 to enter a college/university; 2.50 GPA to enter a non-university private provider.
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. 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.
4. Successful completion of the classroom readiness training (80 contact hours) verified.

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 33-42 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. 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.
4. Meet other non-course requirements established by the college or university.

NOTE: Below are the deadline dates for completion of “old” post-baccalaureate programs implemented before 2002.

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, 2010 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.
| NAME OF APPLICANT: (Including, First, Middle, and Married) | Social Security Number: 
| | _______ - _______ -_______ |
| ADDRESS: | DATE OF BIRTH: |

### Each Question must be answered: 

<table>
<thead>
<tr>
<th></th>
<th>Please Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>YES</td>
</tr>
</tbody>
</table>
| Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered?  
If YES, in what state? |  |  |
| 2. | YES | NO |
| 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. | YES | NO |
| Have you ever been convicted of any felony offense, been found guilty or entered a plea of nolo contendere (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. | YES | NO |
| 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. | YES | NO |
| 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: |