

RESIDENT TEACHER CERTIFICATION APPLICATION PACKET INSTRUCTIONS

APPLICATION MUST BE SUBMITTED BY THE PROGRAM PROVIDER

Background information: Louisiana offers resident teacher certificates (R) to applicants enrolled in BESE-approved undergraduate teacher preparation programs and alternate teacher preparation programs for which the candidate is not acting as teacher of record. Candidates must hold a valid resident teacher certificate in order to be placed in a one-year residency pursuant to Bulletin 996.

Resident teacher certificates are valid for one year, are renewable with continued enrollment in the program and successful completion of the required content knowledge Praxis exam, and may be held a maximum of three years while the holder pursues certification through a BESE-approved preparation program.

Submitting application: Please submit a complete application packet (including required documentation) through the online [educator certification portal](#). The following items are required as part of a complete application packet:

Application for R License with all information provided and signed by the program provider;

Professional Conduct form, with all questions answered and signed by the applicant;

PRAXIS Exam(s) - Options for submitting exam score(s) to the Louisiana Department of Education are as follows:

1. Scores can be electronically sent to the LDOE from Educational Testing Services, or
2. Score reports from Educational Testing Services can be submitted with your application packet.

No application fee is required for this type of certificate. All application materials are to be sent to the Louisiana Department of Education electronically 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. All required documents must be submitted before certification can be issued. Feedback will be sent to the provider if there are missing documents.

- ◆ **Contact Information:** All questions regarding certification requirements or the certification process can be submitted through the online [educator certification portal](#).
- ◆ All applications will be evaluated in the order in which they are received. You can check the status of your certification application [online HERE](#).

RESIDENT (R) TEACHER APPLICATION

Initial Resident Teacher Certificate

Renewal of Resident Teacher Certificate

PLEASE TYPE OR PRINT IN INK

Social Security Number _____ - _____ - _____	Date of Birth _____
Name of Applicant: _____	
(First)	(Middle)
(Maiden)	(Married)
Address: _____	
(Street)	(City)
(State)	(Zip Code)
Phone: Home: (____) _____ Work: (____) _____ Email Address: _____	

Please indicate the start and end of your residency:

FALL/SPRING ("F" "7" "Y" "J" "J" "D" "Y" "J" "C" "X" "AUG" _____ to JULY _____)

SPRING/FALL ("F" "7" "Y" "J" "J" "D" "Y" "J" "C" "X" "JAN" _____ to DEC _____)

RESIDENCY PLACEMENT	
PROGRAM CERTIFICATION AREA	GRADE LEVEL(S)
SCHOOL	DISTRICT
PROGRAM PROVIDER INFORMATION	
NAME OF PROGRAM PROVIDER	
Signature of Program Provider: <i>I verify that the above named individual has met ALL requirements for the issuance of the resident teacher certificate as outlined in Bulletin 746. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.</i>	DATE
Signature of Teacher Applicant: <i>I verify that I understand and meet all requirements for issuance of the resident teacher certificate as outlined in Bulletin 746. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.</i>	DATE

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

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 • sexual or physical abuse of a minor child or other illegal conduct with a minor child.		
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.

I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this form.

SIGNATURE OF APPLICANT:	DATE:
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