

# INSTITUTIONAL RECOMMENDATION FOR INITIAL CERTIFICATION

To be completed by applicant: PLEASE TYPE OR PRINT IN INK

I certify that the information and documentation contained in my application required for certification in Louisiana is true and accurate to the best of my knowledge. I hereby authorize and direct the college and/or university to release any and all information concerning my certification program to the Louisiana's Division of Educator Licensure.

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

#### Institutional Recommendation: TO BE COMPLETED BY DEAN OF EDUCATION or PROGRAM PROVIDER

Program Level:	Program Type:	Highest Degree Earned:
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If Middle Grades, Secondary, K-12, or Sped program, indicate the area(s):	Á	A
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#### **PRAXIS/NTE Exam Information**

	ACT/SAT score is attached: Yes No		
NOTE:V@Á,~385aa‡ÁÚÜCEÝOÙÁ&[¦^•Áse'^Á' ^&d[}38ca‡ ^Á¦a)•{ ãic^åÁ[Ás@ÁÛcæe*ÁÖ^]æiq{ ^}ơá, ÁÔå č&æaā]}Á¦[{ ÁÔVÙĔÁ P[、^ç^¦É59,Á¦å^¦Á{[Á*¢]^åãe^Ás@Ás^¦cã38cæaā]}Á;¦[&^••É4,^Á^˘ ^•óks@æaÁ,¦[çãa^¦•Ásecca&@á,¦ã*ā]æ‡Á&[¦^Á^][¦o•Á[Ás@árÁ,æ&\^dÉ4			

I certify that the above named applicant has completed all requirements for completion of an approved education program from this college/university including a grade point average of 2.5 and I hereby recommend this individual for certification in the above area(s). I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.

Á Ú¦[*¦æ{ÁÔ[{] ^αậ[}ÁÖæe∿ká````````` Á	´´ÁÁQ,∙cãčcāį}ĐÚ¦[çãã^\kÁ.´´´```````````````	Á
Á Ùã*}æc*¦^Áį~ÁÖ^æ)Á;~ÁÒå*&æcāį}Á;¦ÁÚ¦[*¦æq Á	(ÁÖā^&q ¦ká	ÁÖæe^ká Á
the online educator certification portal	ubmit a complete application packet (incluincluding: OH]   ﷺﷺ \ A@[ \{ ÉÚ \[ -^•• ৠ \ & \ I'aæ∄ ∰ \/ÒRDÊ)\/∰\OK\Á &  :^• ÉM @] ^ !@ \ &\ &^^!	Ô[}å <sup>®</sup> &dÊ <u>4Ô[]^Á</u> ; <u>ÁU} ã;^ÁÚæê{^}o</u> Á

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

### PLEASE TYPE OR PRINT IN INK

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

NAME OF APPLICANT: (Including, First, Middle, and Married)	Social Security Number:
ADDRESS:	DATE OF BIRTH:

Each Question must be answered:		Please Check	
	YES	NO	
<ol> <li>Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered?</li> </ol>			
If <b>YES</b> , in what state?			
<ol><li>Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending?</li></ol>			
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			
<ul> <li>exual or physical abuse of a minor child or other illegal conduct with a minor child.</li> </ul>			
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: