
PRACTITIONER LICENSE (PL) APPLICATION

The Practitioner License (PL) is issued to a teacher candidate enrolled in one of Louisiana's BESE-approved alternate teacher preparation programs, permitting the teacher candidate to teach in a Louisiana school system while completing the program including licensure exam(s) and residency under the guidance of a certified mentor teacher.

Eligibility requirements for issuance:

- Minimum of a non-education baccalaureate degree
- 2.20 or higher undergraduate GPA on a 4.00 scale
- Candidates without a 2.20 undergraduate GPA on a 4.00 scale must submit documentation of conditional acceptance
 - If the program awards credit hours, the applicant must achieve a GPA of 3.0 on a 4.0 scale in the first 12 semester hours of the program.
 - If the program does not award credit hours, the applicant must demonstrate mastery of competencies as required by the program and the school system in which the applicant completes clinical practice.
- Passing score on content exam aligned with program/certification area (*if no exam has been adopted in Louisiana in the area, 30 semester hours of coursework aligned to the content area will be required*)

Eligibility requirements for renewal:

- Remained enrolled in program (*as documented by the provider submitting the renewal request*)
- Fulfill a minimum of six semester hours of coursework or equivalent contact hours per year for PL1, or nine semester hours or equivalent contact hours per year for PL2/3 to the extent that required semester hours remain in the program to be completed, teaching assignments, and prescribed activities identified by the program provider (*as documented on an updated plan-of-study and/or transcripts*)
- Mentored by a school-based mentor teacher (*as documented on the Mentoring Attestation form for the first renewal*)

Submitting application: Program Provider submits the following items as a single PDF file through the [online educator certification portal](#). The following items are required as part of a complete application packet and must be signed and dated within 90-days of submission:

1. **Copy of Applicant Social Security Card -and- Driver's License/State ID** (these are required with every application)
2. **Application*** form with all information provided, signed and dated within the last 90 days
3. **Professional Conduct** form with all questions answered, signed, and dated by the applicant
4. **Official Transcripts** showing degree(s) awarded/earned and/or coursework completed for PL renewal
5. **Program Plan-of-Study*** including program concentration area outlining prescribed program courses/modules; for PL renewal indicate which parts of the plan are completed
6. **Intent to Employ*** form for all initial applications or in the event there is a program or employment change
7. **PRAXIS Exam(s)**- scores may be electronically sent to LDOE by Educational Testing Services (ETS), or copies of ETS score reports may be submitted with application. Do not submit teachlouisiana.net print-out score reports, only ETS score reports if scores are not displaying on teachlouisiana.net. **Program admission date cannot precede the passage of required content exams.*
8. **Mentoring Attestation Form** – form is ONLY required when renewing PL for the first time.
9. **Copy of Online Payment Confirmation** email or screenshot* - Use [Processing Fee Schedule](#) to determine the amount due. Payment is non-refundable and does not guarantee certification but is used for review of submitted documents. Applicant will access the payment portal through the educator account on [TeachLA Live! portal](#) in order to make fee payment to LDOE.

**The CERTIFICATION AREA must match on Application, Program Plan-of-Study, and Intent to Employ (although many of the certification areas overlap, these must match on all three documents).*

TO BE SUBMITTED BY PROGRAM PROVIDER ON BEHALF OF TEACHER CANDIDATE
Handwritten documents will not be accepted for certification processing.

Social Security Number _____ (no dashes, no spaces)	Email Address: _____
Legal Name of Applicant: _____	Date of Birth: _____
<i>Check here if requesting name change; it will be changed to match the Social Security card submitted.</i>	
Address: _____	
(Street)	(City)
(State)	(Zip Code)
Phone: (____) _____	Payment Confirmation # _____ <small>(Provide email confirmation or screenshot of payment with documents)</small>

Indicate one of the following certification requests:

- INITIAL Practitioner License 1 (PL1) -candidate is fully admitted and enrolled in **Practitioner Teacher Program**.
- INITIAL Practitioner License 2 (PL2) -candidate is fully admitted and enrolled in **Certification-only Program**.
- INITIAL Practitioner License 3 (PL3) -candidate is fully admitted and enrolled in **Master's Degree Program**.
- RENEWAL (PL1, 2, or 3) for candidate currently enrolled, needing more time to complete program and exam requirements leading to initial certification recommendation (Level certificate).
- CHANGE PL (PL1, 2, or 3) teacher candidate changes program type/area providing new plan-of-study (e.g. initially issued PL3, but switched program and now needs PL1). **PL1 and PL2 limited to three years total validity. PL3 limited to four years total validity.**

Degrees (minimum of non-education baccalaureate degree required, documented on transcript)		
Indicate Degree Earned:	University:	Date Awarded/Conferred:

Applicant's Undergraduate GPA on transcripts included:

Applicant has an undergraduate GPA below 2.20 and has been conditionally admitted into the program.

I understand conditional admittance is contingent upon one of the following:

(applicant initials)

- Achieving a grade point average of 3.0 or higher on the first 12 semester hours (for credit-bearing programs);*
- OR*
- demonstrating mastery of competencies as required by the program and school system in which clinical practice is served (for non-credit bearing programs).*

***Program admission date cannot precede the passage of required content exams.**

Select **Program Provider:**

Program admission*date
(format MM/DD/YYYY):

Select **Certification Area:**
(in alignment with Plan-of-Study)

Employing School System:
(in alignment with the Intent to Employ form)

School where assigned to teach:
(in alignment with the Intent to Employ form)

<i>I verify that the above named individual has met ALL requirements for admission into the BESE-approved alternate certification program and will follow all guidelines for subsequent renewal(s) of this license. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.</i>	
SIGNATURE OF PROGRAM PROVIDER:	DATE:
<i>I verify that I understand and meet all requirements for admission and will follow prescribed renewal guidelines. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.</i>	
SIGNATURE OF TEACHER APPLICANT:	DATE:

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

ANSWER <u>ALL</u> QUESTIONS	Check	
	YES	NO
1. Have you ever had a professional license or certificate denied, suspended, revoked, censured, or voluntarily surrendered? If YES , what type of professional license/certificate? _____ If YES , 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 YES , when was the date 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.



Pursuant to Louisiana law R.S. 15:587.1, background checks shall disclose **ALL CONVICTIONS**, (Including but not limited to expungements, first offender pardons and pre-trial diversion). Criminal Background Checks (CBCs) are conducted in accordance with 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 the responses to items #1 through #3 above is 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:

To be completed by **SCHOOL SYSTEM** and **TEACHER CANDIDATE**, provided to **PROGRAM PROVIDER** for submission with the Practitioner License (PL)

Louisiana offers alternate teacher preparation for individuals seeking teacher certification through state-approved program providers. The alternate certification program includes teaching experience in the form of a mentored residency in a Louisiana employing school system. The Practitioner License (PL 1, 2, or 3) serves as the teacher candidate's teaching certificate while fulfilling requirements for the issuance of the Level 1 or higher-level teaching certificate. Louisiana school systems may employ teacher candidates, partnering with the program provider, to ensure a rich residency experience while serving as a teacher-of-record. This document serves to communicate to the **program provider** the teacher candidate's residency placement and details, to obtain the **teacher candidate's** acknowledgement of responsibilities in the process of obtaining/maintaining valid certification, and to verify the **school system's** intent to employ upon the issuance of the PL.

The **PROGRAM PROVIDER** acknowledges the teacher candidate is currently enrolled in their BESE-approved alternate teacher preparation program, by providing the official Plan-of-Study, while agreeing to the following:

- provide this document and the candidate's official Plan-of-Study to teacher candidate
- submit PL application packet on behalf of the teacher candidate following receipt of this and other application items
- notify the teacher candidate of PL issuance, providing the PL number
- partner with the employing school system to match the teacher candidate with a certified mentor teacher
- in the event of program withdrawal or non-participation in prescribed program requirements, notify the employing school system and the LDOE's certification office. Notification to LDOE should be in the form of a letter including teacher candidate information and details of the withdrawal from the program, submitted through the online teacher certification portal under PL certification application submission option. The PL will be made invalid.

The **TEACHER CANDIDATE** acknowledges current enrollment in alternate preparation program agreeing to:

- provide all documents needed for provider to request the PL in a timely manner
- provide the PL number to the employing school system when notified of issuance
- understand employment and compensation decisions are that of the employing school system
- abide by all employment conditions of the school system
- notify all parties (the program provider and employer) if **employment** or **enrollment** ceases
- coordinate with program provider to obtain renewal of the PL if necessary

*I attest that I have read and acknowledge understanding of my responsibilities as a **teacher candidate**. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.*

Teacher Candidate Name:

Teacher Candidate Signature:

Date:

The **SCHOOL SYSTEM** acknowledges their intent to employ the teacher candidate upon issuance of the PL, agreeing to:

- complete employment details below, providing it to the teacher candidate and/or the preparation provider
- partner the teacher candidate with a certified mentor teacher
- notify the program provider if employment ceases

*I attest that I have read and acknowledge understanding of my responsibilities as a partnering **school system**. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.*

School System & School Site:

Assigned Teaching Area(s):

*(Ensure the teaching area aligns with or is included within program/certification area on the Plan-of-Study; Include **SUBJECT, GRADE, and if it includes SPED**)*

School System HR Representative Name & Title:

School System HR Representative Signature:

Date:

In order to obtain the **first renewal** of a Practitioner License (PL1, PL2, or PL3), teacher candidates participating in residency as a teacher of record, must receive mentorship by a certified, school-based mentor teacher who may collaborate with other personnel providing mentoring support.

- The mentorship must be at least 15 percent, or 5 hours per week, of the instructional time of the school.
- The mentorship must include intensive individual supports, including:
 - co-teaching;
 - collaborative planning; and
 - observation and feedback sessions
- The school-based mentor teacher must hold the Provisional Mentor Ancillary Certificate, Mentor Ancillary Certificate, or have the Mentor Teacher endorsement appearing on the mentor’s valid teaching certificate.

In the event the teacher candidate is mentored by multiple mentors throughout residency, a mentoring attestation should be completed for each mentor. This may occur if there is a change in placement or school system staffing.

Mentoring Start Date:

Mentoring End Date:

<i>I attest that I received mentorship in accordance with the above policy during my first year on a PL. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>	
Teacher Candidate Name:	
Teacher Candidate Signature:	Date:

<i>I attest that I provided mentorship in accordance with the above policy during this candidate’s first year on a PL. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>	
Mentor Name:	
Mentor’s Ancillary or Teaching Certificate Type/# where certification appears authorizing service as a mentor: <i>(if not certified, the mentoring waiver must be obtained and is attested to by typing “waiver” and school year waiver was issued)</i>	
Mentor Signature:	Date:

<i>I attest that mentorship occurred in accordance with the above policy during this candidate’s first year on a PL. I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature on this application.</i>	
Employing School System:	
School System Representative Name & Title:	
School System Representative Signature:	Date: