



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 RENEWAL 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 alternative 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, PL3, and PL4 are valid for one school year. The license may be renewed annually for up to three years if evidence of completion of renewal requirements is submitted. To renew, the individual must continue enrollment and/or progress in the alternate program and must have fulfilled all coursework, teaching assignments, and prescribed activities as identified by the program provider. 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. **Renewal Application for PL (2, 3, or 4) License** with all information provided
2. **Current Official transcripts** that will demonstrate progress in alternate certification program
3. **PRAXIS/NTE Exam(s)** (if applicable)
4. **Professional Conduct** form with all questions answered and signed by the applicant

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, you 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



RENEWAL 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 a renewal is requested:	
	PL2 Non-Master's/Certification Only 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

Check the renewal year.	
<input type="checkbox"/> Year Two	<input type="checkbox"/> Year Three

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 remains enrolled in a state-approved Non-Master's Alternate Certification Program, Master's Alternate Certification Program, or old Post-Baccalaureate Alternate Certification Program and has met renewal requirements.</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

RENEWAL GUIDELINES FOR PRACTITIONER LICENSES 2, 3 and 4

- **Program requirements must be completed within the three-year maximum that a license can be held. Upon completion of 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.**
- **Practitioner License 2 (PL2)** To renew, the individual must remain enrolled in the Non-Master's/Certification-Only Alternate Program. In addition, the PL2 teacher must demonstrate progress toward program requirements by successfully completing a minimum of nine (9) semester hours of coursework each year (to the extent that required semester hours remain in the program to be completed), teaching assignments, and prescribed activities identified by the program provider. *Documentation of progress must include a current transcript aligned to the program prescription plan.*
- **Practitioner License 3 (PL3)** To renew, the individual must remain enrolled in the Master's Degree Alternate Program. In addition, the PL3 teacher must demonstrate progress toward program requirements by successfully completing a minimum of nine (9) semester hours of coursework each year (to the extent that required semester hours remain in the program to be completed), teaching assignments, and prescribed activities identified by the program provider. *Documentation of progress must include a current transcript aligned to the program prescription plan.*
- **Practitioner License 4 (PL4)** To renew the individual must remain enrolled in the post-baccalaureate program, if applicable, and address his/her specific certification deficiency in all areas that apply:

If deficient in coursework, candidate must fulfill a minimum of six (6) semester hours of coursework each year (to the extent that required semester hours remain in the program to be completed). *Documentation of progress must include a current transcript aligned to the post-baccalaureate program prescription plan.*

If deficient in PRAXIS requirements, candidate must attempt any remaining exam(s) at least twice each year. *Documentation of progress must include the official score report(s) from Educational Testing Service (ETS).*

If deficient in program requirements for the internship/student teaching, candidate must demonstrate progress toward fulfillment of these requirements.

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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