

INSTITUTIONAL RECOMMENDATION FOR INITIAL CERTIFICATION						
To be completed by applicant: PLEASE T I certify that the information and documentate and accurate to the best of my knowledge. I all information concerning my certification pro	ion contained in hereby authoriz	my application required to the college of the colle	and/or university to release any and			
Þæ[^ ká	ÁÁÚQ} ÁÇÔÆC DÁWWWWWW	∰∰∰∰ÇTæ¦a°åÁræ(^DÁ ^ÁÀVÁÇ```DÁ```Aî , ∰∰∰ÇÜcæe°D∰∰∰∰∰ ÇÜÇÜ;a-ã{æãi}} AÁÚæê{^}cÁÖ[}-ãi{æãi}} Jegal equivalent of my ma	žá · · · · · · · Á · · · · · · · · · · · ·			
Institutional Recommendation: TO BE CO	OMPLETED 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		Á			
Á						
PRAXIS/NTE Exam Information						
PRAXIS/NTE score is attached: Yes		ACT/SAT score is atta				
NOTE: V@Á; ~3830004ÅÜÜCÉYÕÜÁ\$[¦^•Ásc}^Ás ^&c P[¸^ç^¦ÉBjÁ;¦å^¦Á[Ár¢]^åãe^ÁæÁæÁsc;(ä388æðā])	:[}&&æe ^Ad;æ)•{ }Aj;¦[&^••ÉAj,^Á;^	ãc^åA[As@AUcæc^AO^]ædd ```^•oÁs@ædÁ¦[çãå^¦•Áæccæ	^}の{AOå~8ææā[}A+[{AOVUEA &@A[lā]aфÁ8[¦^Á^][¦orÁ[Ác@aÁ]æ&\^(
I certify that the above named applicant has comp college/university including a grade point average agree that my electronic signature as entered below \(\hat{A} \) \(\begin{align*} \hat{\O}[\{ \] \alpha \) \(\hat{A} \)	e of 2.5 and I here. ow is the legal equ (ÁQ)•cãc cãt}ĐÚ¦[ç:	by recommend this individua uivalent of my manual signa 童^¦黛	al for certification in the above area(s). I ture on this application.			
Α Δ						

Program Provider is to electronically submit a complete application packet (including required documentation) to the online educator certification portal including: CI;] | &&æ4} \(\hat{A}\[| \hat{E}\[| | \hat{A}\[| \hat{E}\[| | \hat{A}\[| \

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:						
		'	1			
Each Question must be answered:				Please Check		
			YES	NO		
Have you ever had any professional license/certificate denies voluntarily surrendered?	d, sus	pended, revoked, or				
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 nolo contendere (no contest), even if adjudication was withheld?						
If yes, please provide the following information:						
Specify the Offense: Date of Offe	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 th	at invo	lves				
• exual 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 muand proceedings, civil records of Federal, State and/or District Sthat provide full disclosure of the nature and circumstances of E /	chool I	Board actions, or other rele	vant docu	uments		
I affirm and declare that all information given by me in the reand correct, and complete to the best of my knowledge. I up by omission or addition, may result in criminal prosecution certificate. I agree that my electronic signature as entered below is the legal	nderst and/o	and that any misrepresent the denial or revocation	tation of of my tea	facts, acher		
SIGNATURE OF APPLICANT:	r oqui.	DATE:	10 011 1110	101111.		
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