

**LOUISIANA DEPARTMENT OF EDUCATION
TEACHER CERTIFICATION AND HIGHER EDUCATION**

**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 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:
-------------------------	-------

Form may be completed on the computer or printed and completed in ink. Sign the form and return to:

**Office of Teacher Certification
College of Education & Human Development
Northwestern State University
Natchitoches LA 71497**