



**LOUISIANA DEPARTMENT OF EDUCATION  
Certification and Preparation**

**REQUEST FOR CERTIFICATION CHANGE AND/OR ACTION**

**Louisiana Certificate Type/Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 (First) (Middle) (Family) (Married)

**Address:** \_\_\_\_\_ **Home Phone #:** (\_\_\_\_) \_\_\_\_\_  
 (Street) (City/State) (Zip Code)

**E-Mail Address:** \_\_\_\_\_ **Parish of Residence:** \_\_\_\_\_

*Check or List All That Apply*

**Name Change: (name to be added or deleted)**

*Added: (must include marriage license, birth certificate or court document showing name change)*

**Name to be added:**

*Deleted: (birth names cannot be removed without birth certificate or court document showing name change)*

**Married name to be deleted:**

**Addition of Degree(s):**

<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>	Master's Plus 30 graduate hours	<input type="checkbox"/>	Specialist Degree	<input type="checkbox"/>	Doctorate Degree
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**Higher Certificate: (Applications for higher certificates must be sent directly from employing school system)**

<input type="checkbox"/>	Level 1	<input type="checkbox"/>	Type B, A or Nonpublic Type B* or A*	<input type="checkbox"/>	Level 2, 3 or Nonpublic Level 2*, 3*
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**Addition of the following Secondary area(s) to Secondary certificates based on PRAXIS/NTE scores:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Reinstatement of Certificate:**

Reinstatement Type C, B, A, Level 1, 2, 3, Nonpublic Type B\*, A\*, Level 2\*, or 3\* and CTTIE Certificates (*Applicant must show evidence of six semester hours completed within the past five year period when there has been a five year break in service*)

Reactivate Standard Certificate for One Year

**Duplicate Certificate:** Last College attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**Extension of Certificate:**

Extend Type C or Level 1, 2 or 3 Certificate. (*For teacher who has not been out of teaching for any five year period*)

Reactivate Standard Certificate for One Year

**Evaluate for the following two (2) endorsement(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Addition of the following area(s) or Endorsement(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employing School District:** \_\_\_\_\_

**Signature of Employing School/School District:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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