



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>

CERTIFICATION APPEALS PACKET

An individual seeking an appeal of his/her certification decision is advised to read all the information concerning completing the appeals packet before beginning the process.

NOTICE: All packets should be mailed to:

Louisiana Department of Education
Division of Certification, Leadership, & Preparation
P. O. Box 94064
Baton Rouge, LA 70804-9062

General Appeal Information

- ❖ The certification appeal process is available to an individual who has applied for certification and has been denied the requested certification due to the absence of certification requirements as set forth in Bulletin 746 *Louisiana Standards for State Certification of School Personnel*. The appeal process provides the applicant an opportunity to have their records reviewed by the Teacher Certification Appeals Council (TCAC).
- ❖ The TCAC reviews all appeals and submits a written report of its findings to the State Board of Elementary and Secondary Education. The decision of the council is a final decision.
- ❖ TCAC will not consider appeals of persons who:
 1. are non-degreed; or
 2. who hold a non-standard Louisiana certificate; or
 3. lack fifty-percent (50%) or more of required coursework; or
 4. possess a degree from a college or university that is not regionally accredited; or
 5. lacks the NTE/PRAXIS Requirements for initial and/or administrative certification; or
 6. lacks a cumulative GPA of 2.5; or
 7. does not fulfill statutory reading requirements; and/or
 8. has not completed LaTAAP requirements for an in-state or out-of-state applicant

Appeal Timelines

- ❖ **An appeal cannot be initiated until:**
 1. An applicant has submitted a complete certification application to the Louisiana Department of Education, Division of Certification, Leadership and Preparation;
 2. the application is reviewed by a certification specialist; and
 3. the applicant is notified that he/she is denied the requested certification.
- ❖ **An appeal must be received within 90 days from the date that the certification request was denied.** Only an individual who has been evaluated and denied certification through the Division of Certification, Leadership, & Preparation is eligible to file an appeal. Appeals are considered according to an annual meeting schedule.

- ❖ All properly completed and assembled packets must be received by the Certification office prior to the posted deadline date for submission so that they may be considered at the next TCAC meeting.

NOTE: Applications received and/or completed after a deadline will be denied and not considered until the following TCAC meeting. Certification staff will notify the applicant in writing of the date on which his/her appeal will be heard by TCAC.

Meeting Schedules and Submission Deadlines

ANNUAL MEETING SCHEDULES and SUBMISSION DEADLINES for School Year 2009-2010

Appeals must be Received in Certification Office (on or before)	Appeals Council Meeting Date
December 4, 2009	January 5, 2010
April 5, 2010	May 5, 2010
August 2, 2010	September 1, 2010

Appeal Process

Step 1 :

Submission of an Appeal Packet

- An applicant must adhere to the following guidelines when submitting a packet for an appeal evaluation:
 1. The applicant completes and submits an **Application for Certification Appeal** and supporting documentation to the Certification office.
 2. All items specified on the enclosed "Certification Appeals Checklist" must be submitted to the Certification office.
 3. All social security numbers must be removed from all packets with the exception of the original packet.
 4. Applicant must complete and submit the Appeal Checklist (Form A-1) below.
 5. Please mail the completed packet to:

Louisiana Department of Education
Division of Certification, Leadership, & Preparation
P.O. Box 94064
Baton Rouge, Louisiana 70804-9064

QUESTIONS - If you have questions regarding your appeals application packet, you should contact the Certification office at 225-342-3440. Also, if you plan to attend the TCAC meeting, you should contact the Certification office to make arrangements prior to the actual meeting day.

Step 2 :

Review of Application Packet

- TCAC will review all packets submitted for certification appeals. Persons submitting incomplete applications will be notified as to the specific informational pieces missing from the packet and will have the option of having his/her appeal heard at the next TCAC meeting.
- Applications that are complete and meet all appeal requirements will be reviewed by TCAC.

Step 3 :

Notification of Appeal Date and Time

Certification staff will notify applicants in writing of the date that the appeal will be reviewed by TCAC. The applicant has the option to attend the TCAC meeting but will not be able to make any testimony. The appeal will be based upon records review only.

Step 4 :

Evaluation of Appeal

TCAC will evaluate the appeal of a person seeking Louisiana certification, including a review of the documents and transcripts of appellants, and shall submit a written report of its findings to the board. A decision of TCAC shall be a final decision.

Step 5 :

Notification of Final TCAC Decision

TCAC will send written notification of the final decision to each appellant.

CERTIFICATION APPEAL CHECKLIST

TO BE SUBMITTED BY THE APPLICANT

APPLICANT NAME: _____

Please submit one original Appeal Packet with 12 copies. Check each item that is enclosed and submit explanation of why any items were omitted.

Required Materials:		Applicant verification of submitted materials	<i>For BESE office use only</i>
Certification Appeal Checklist Form and the following:			DATE RECEIVED: _____
1.	<i>Cover Letter explaining your reason for the appeal, to include specific information on experience, skills, and knowledge that can be substituted for certification deficiency/deficiencies;</i>		
2.	<i>Louisiana Department of Education (LDE) Denial of Certification Request</i>		
3.	<i>Evaluation Form that accompanied LDE Denial of Certification</i>		
4.	<i>Completed Application for Certification Appeal Form</i>		
5.	<i>Completed Experience Verification</i>		
6.	<i>Official Transcripts (1 original, 12 copies)</i>		
7.	<i>Copy of Louisiana Teaching Certificate and/or Out-of-State certificate or certification information printed from the Teach Louisiana website</i>		
8.	<i>Letter of support from employing Superintendent (optional)</i>		
9.	<i>Two letters of recommendation from supervisors or other individuals familiar with your professional capabilities in the area for which a waiver is requested.</i>		
10.	<i>Local personnel evaluation form from your personnel file (most recent)</i>		

NOTE: If an incomplete packet is submitted the appeal will be denied. The applicant will be notified by mail what is lacking and will have the option of having his/her appeal evaluated at the next TCAC meeting.

Signature of Applicant

Date

Signature of BESE Staff Reviewer

Date

APPLICATION FOR CERTIFICATION APPEAL

PLEASE TYPE OR PRINT IN INK

Name: _____			
First	Middle	Last/Maiden	Married Name
Social Security Number: _____ - _____ - _____		Date of Birth: ____/____/____	
Address: _____			
Street	City	State	Zip Code
Phone: (____) _____ - _____		E-Mail Address: _____	
Date of your certification denial letter: ____/____/____			

1. Do you presently hold a valid teaching certificate? ___ Yes ___ No

If yes, please give the following information:

State Issuing Certification: _____ Type _____ Number _____

2. Please fill out this table with college/university degree information:

Degree(s) Earned	Granting Institution	Year

3. Check which area below best describes the category of your certification appeal:

- | | |
|---------------------------------------|--|
| ___ Appeal for Initial Certification* | ___ Appeal for Add-On Certification |
| ___ Appeal for Renewal of Certificate | ___ Appeal for Ancillary Certification |
| ___ Other | |

* If this appeal is for initial certification, please indicate the type of program in which you have been enrolled:

- | | |
|--|---|
| <input type="checkbox"/> Undergraduate
<input type="checkbox"/> Practitioner Teacher
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Alternate Certification/Master's Program
<input type="checkbox"/> Alternate Certification Non-Master's/Certification Only |
|--|---|

Signature of Applicant

Date

Certification Appeal - EXPERIENCE VERIFICATION FORM

PLEASE TYPE OR PRINT IN INK

Louisiana Certificate Type/Number: _____ Social Security Number: _____ - _____ - _____

Name: _____ Date of Birth: ____/____/____
 (First) (Middle) (Maiden) (Married)

Address: _____ Home Phone #: (____) _____
 (Street) (City/State) (Zip Code)

Parish	Name of School/ Agency	Type of School/Agency			Dates (month and year) of Experience	Subject(s)/ Area(s) Taught	Position (teacher, principal, etc.)
		Public School	Private School	Agency			
					/ - /		
					/ - /		
					/ - /		
					/ - /		
					/ - /		
Total:							

Louisiana Teacher Assistance and Assessment Program Completed: Yes _____ No _____

TO THE BEST OF MY KNOWLEDGE, THE EXPERIENCE, CORRECTLY LISTED ABOVE, WAS SUCCESSFUL.

ORIGINAL SIGNATURE OF EMPLOYING AUTHORITY	TITLE AND DISTRICT OF EMPLOYING AUTHORITY
ORIGINAL SIGNATURE OF APPLICANT	DATE

NOTE: If this experience verification form is not signed by the employer the certification appeal will not be evaluated. The applicant will be notified by mail and will have the option of having his/her appeal evaluated at the next TCAC meeting.