



STATE OF LOUISIANA
POST OFFICE BOX 94064, BATON ROUGE, LOUISIANA 70804-9064
DEPARTMENT OF EDUCATION

Toll Free #: 1-877-453-2721
<http://www.doe.state.la.us>

**REQUEST FOR AN INITIAL OR RENEWAL OF A FOREIGN
LANGUAGE ELEMENTARY SPECIAL PK – 8 CERTIFICATION**

Dear Prospective Louisiana Teacher:

We are pleased that you are interested in obtaining a Louisiana certificate through the Foreign Associate Teacher Program. The instructions outlined in this application packet are designed to facilitate the process of obtaining your Louisiana Foreign Language Special Certificate.

Foreign Language Special Certificate PK-8 (FLES) Guidelines

Louisiana offers FLES certificates to applicants holding degrees and credentials from another country in a specialized language, elementary grades, or middle grades and who are participating in the Louisiana Department of Education (LDE) Foreign Associate Teacher Program. A FLES certificate is valid for six years and allows one to teach either foreign language or immersion classes at the elementary or middle school level.

Renewal Information

The FLES certificate may be renewed by completing 150 continuing learning units (CLUs) of district-approved and verified professional development over the five year time period during which he/she holds the certificate, or during the five year time period immediately preceding the request for renewal. The Louisiana employing authority must request renewal of a FLES certificate. If the 150 continuing learning units were completed abroad then the request must be submitted through Terri Hammatt, World Language Director with the Division of Curriculum Standards.

Application Process

All information should be mailed to: Division of Certification and Preparation, LA Department of Education, P. O. Box 94064, Baton Rouge, LA, 70804-9064.

The following items are required as part of a complete application packet:

1. **Application form** with all information provided
2. **Copy of degree** transcript indicating an earned bachelor's degree in education or equivalent preparation program in education from a foreign country or higher level degree. The status of the degree will be determined by the Louisiana Department of Education, Division of Curriculum Standards. If the LDE staff cannot make a determination of degree equivalency, the candidate must have his/her credentials evaluated by the American Association of Collegiate Registrars and Admissions Officers (AACRAO), Office of International Education Services. In the case of an AACRAO evaluation the determination must include a course-by-course evaluation.

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3. **Copy of teaching certificate** issued in applicant's native country
4. **Professional Conduct** form with all questions answered and signed and dated by the applicant
5. **Application for Renewal** if applicable
6. **\$50.00 non-refundable** – fee required for an Initial FLES certificate (fee should be submitted in the form of a personal check or money order made payable to *Louisiana Department of Education*)
7. **\$25.00 non refundable** – fee required for the Renewal of a FLES certificate (fee should be submitted in the form of a personal check or money order made payable to *Louisiana Department of Education*)

When your completed application package has been received by the Division of Certification and Preparation, it will then be sent to Terri Hammatt, World Language Coordinator, Division of Curriculum Standards, to make a determination regarding your eligibility for a Louisiana Foreign Language Special PK – 8 Certificate.

Contact Information

If you have any questions regarding these requirements or the certification process, please telephone or e-mail either the office of Certification and Preparation at (225) 342-3490, 1-877-453-2721 (this is a toll free number for U.S. residents only), or Terri Hammatt, at (225) 342-3946, terri.hammatt@la.gov or David Beste at (225) 342-3946, david.best@la.gov.



LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation
P. O. Box 94064
Baton Rouge, LA 70804-9064

**APPLICATION FOR FOREIGN LANGUAGE ELEMENTARY
SPECIAL PK – 8 CERTIFICATION**

_____ Initial FLES Certificate _____ Renewal of a FLES Certificate

Social Security Number: _____ Date of Birth: _____
M / D / Y

Name _____
(First) (Middle) (Maiden) (Married)

Address _____
(Street) (City) (Zip Code)

Parish of Residence: _____

Certification Requested in: **French** _____ **Spanish** _____
(Check those that apply)

FLES

_____ Elementary: PK - 5
_____ Middle School: 6 - 8

Immersion

_____ Elementary: PreK - 5
_____ Middle School: 6 – 8 Math
_____ Middle School: 6 – 8 Social Studies
_____ Middle School: 6 – 8 Science
_____ Middle School: 6 – 8 English/Language Arts

Degree(s) Held: _____
Degree(s) Year Granted

Institution Name: _____
College/University Country

Type of Certification held in native country:

Type	Subject/Grade Level(s)	Issuance Date
Experience: _____	Year(s)	School
_____	Year(s)	School
_____	Year(s)	School

I certify that the above information is complete and correct according to the records on file in this office.

Terri Hammatt, World Language Director
Division of Curriculum Standards

Date

LOUISIANA DEPARTMENT OF EDUCATION
Certification and Preparation

APPLICATION FOR RENEWAL OF FLES CERTIFICATE

PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT: (Including First, Maiden, and Married)	SOCIAL SECURITY NUMBER: _____/_____/_____	DATE: _____/_____/_____
ADDRESS:		
Street	City	State Zip

Continuing Learning Units (CLUs) of Professional Development or University Credits

Method used to fulfill CLUs:	Number of CLUs Earned
School and/or District Professional Development: Indicate the number of CLUs earned from participation in and completion of school and/or district level professional development activities.	
State Department Professional Development: Indicate the number of CLUs earned from participation in and completion of state level professional development activities.	
Other Providers/Foreign Providers: Indicate the number of CLUs earned from participation in and completion of professional development activities provided by entities other than colleges/universities, school districts or the State Department of Education.	
Total number of CLUs (must = 150)	

Signature of Applicant: _____ Date: _____

I hereby certify that all supporting records of CLU completion and college/university coursework completion are on file at the district office.

Employing District: _____

Signature of Employing District: _____ Date: _____

**LOUISIANA DEPARTMENT OF EDUCATION
CERTIFICATION AND PREPARATION**

PLEASE TYPE OR PRINT IN INK

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 which 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 which 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, 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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