

## TEACHING AUTHORIZATION (TA) APPLICATION

PLEASE TYPE OR PRINT IN INK

Social Security Number _____	Date of Birth _____	
Name of Applicant: _____		
(First)	(Middle)	(Last)
Address: _____		
(Street)	(City)	(State) (Zip Code)
Phone: Home: (____) _____ Work: (____) _____		Email Address: _____

Louisiana Employing School System or Nonpublic School: \_\_\_\_\_

- State Approved School System or Nonpublic Site Code: \_\_\_\_\_
- Geographical Parish (school system or nonpublic school location): \_\_\_\_\_

Indicate background clearance result/documentation (select only one):

- ☐ If CBC is clear of arrests/records, check here, and attach the coversheet/request page that the LSP returned to the employing school system which indicates "no record found" or enclose a copy of the confirmation email from LSP indicating the person is clear.
- ☐ When the employer uses an electronic terminal for fingerprinting and the CBC is clear of arrests/records, as indicated via the terminal, where no document is produced/returned, check here. The employer's signature on the application will serve as confirmation that the applicant's CBC is clear.
- ☐ If CBC has arrests/records, check here, and disclose details on TA Compliance Assurance Form. DO NOT enclose the CBC.

*I confirm that I am seeking employment with the Louisiana employing school system noted above. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.*

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

*I confirm that my Louisiana school system is interested in hiring the above named applicant. I confirm that a criminal background check request was submitted to and conducted by the Louisiana State Police. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.*

Signature of Authorized  
LA Employing School System: \_\_\_\_\_ Date: \_\_\_\_\_

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**PROFESSIONAL CONDUCT FORM**  
(All questions must be answered)

NAME OF APPLICANT: (Include First, Middle, Maiden, and Married)	Social Security Number: ____ - ____ - ____
ADDRESS:	DATE OF BIRTH:

<b>Each Question must be answered:</b>	<b>Please Check</b>	
	<b>YES</b>	<b>NO</b>
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: Date of Conviction: _____ State of Conviction: _____ Court Jurisdiction 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?		



**NOTICE---EXPUNGEMENTS, FIRST OFFENDER PARDONS, PRE-TRIAL DIVERSIONS:** Criminal Background Checks (CBCs) conducted for purposes of employment will be conducted in accordance with La. R.S. 17:15 and La. R.S. 15:587.1. Pursuant to Louisiana law R.S. 15:587.1., background checks shall disclose **ALL ARRESTS, COURT ACTION and CONVICTIONS**, (including but not limited to expungements, first offender pardons and pre-trial diversion), and a copy of the report shall be provided to the Louisiana Department of Education (LDE), in addition to the potential employer or LA Education Agency (LEAs)s.

\*Per BESE policy set forth in Bulletin 746, *Louisiana Standards for State Certification of School Personnel*, Section 903.C, **"failure to disclose actions such as first offender pardons, pre-trial diversion, expungements, etc. is grounds for certification denial and/or revocation."**

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. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this document.***

SIGNATURE OF APPLICANT:	DATE:
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# LOUISIANA DEPARTMENT OF EDUCATION

## TA Compliance Assurance Form

PLEASE TYPE OR PRINT IN INK

### Educator Information

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street Address-include Apt# if applicable) (City) (State) (Zip Code)

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

*I affirm and declare that all information submitted by me is true and correct to the best of my knowledge. I understand any misrepresentation of facts, by omission or addition, may result in criminal prosecution and/or the denial or revocation of my teaching authorization. I further understand that all arrests, court actions, and convictions (including but not limited to expungements, first offender pardons, deferred adjudication, and pre-trial diversions) shall be reported on the criminal background check. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Employing School System

Louisiana Employing School System or Nonpublic School: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Employment Role: ☐ Administrator ☐ Teacher ☐ Long-term Substitute Teacher ☐ Day-to-Day Substitute Teacher

### Criminal Background Determination Results

Date Report Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

☐ No arrests or convictions reported ☐ Only misdemeanor arrests or convictions **not** listed in R.S. 15:587.1

☐ \*Felony conviction for \_\_\_\_\_ Date of disposition: \_\_\_\_\_

☐ \*R.S. 15:587.1 misdemeanor or felony offense for \_\_\_\_\_ Date of disposition: \_\_\_\_\_

**\*Include court documentation for each offense and satisfaction of sentence verification.**

### LEA Assurance:

*As the authorized representative for the above noted school system, approval is requested of the application for a Teaching Authorization for employment. I verify that it is the intention of this LEA to employ said applicant, and that the criminal background check is on file and has been reviewed, having found no disqualifying information contained therein. I agree that my electronic signature as entered below is the legal equivalent of my manual signature on this application.*

\_\_\_\_\_  
Authorized LEA Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date