

**Louisiana Tech University
Application for Admission to a Teaching Program**

Name		CWID	
Phone	()	Email Address	
Major/Minor		Advisor	
Quarter	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year	

*Directions: **Submit a complete application.** Read the requirements below carefully. Attach all required documentation and sign the acknowledgement statement. Submit the application and evidence to Mr. Michael Gilmore (Woodard Hall 106).*

<input type="checkbox"/>	<p>Earned a “C” or better in required courses. <i>Unofficial transcript from BOSS must be attached with the courses below highlighted.</i> <i>One of the following:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"><input type="checkbox"/> EDCI 125</td> <td style="width: 10%; text-align: center;">and</td> <td style="width: 35%;">6 hours of English</td> <td style="width: 20%; text-align: right;">Courses completed: _____</td> </tr> <tr> <td><input type="checkbox"/> KINE 113</td> <td></td> <td>6 hours of math</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> UTCH 101 and UTCH 201</td> <td></td> <td>3 hours of science</td> <td style="text-align: right;">_____</td> </tr> <tr> <td></td> <td></td> <td>3 hours of social studies</td> <td style="text-align: right;">_____</td> </tr> </table>	<input type="checkbox"/> EDCI 125	and	6 hours of English	Courses completed: _____	<input type="checkbox"/> KINE 113		6 hours of math	_____	<input type="checkbox"/> UTCH 101 and UTCH 201		3 hours of science	_____			3 hours of social studies	_____
<input type="checkbox"/> EDCI 125	and	6 hours of English	Courses completed: _____														
<input type="checkbox"/> KINE 113		6 hours of math	_____														
<input type="checkbox"/> UTCH 101 and UTCH 201		3 hours of science	_____														
		3 hours of social studies	_____														
<input type="checkbox"/>	<p>Passed required certification exam(s). <i>Select exam(s) in one column. Score report(s) must be attached.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>Praxis PPST</u></td> <td style="width: 25%;"><u>Praxis Core</u></td> <td style="width: 25%;"><u>ACT</u></td> <td style="width: 25%;"><u>SAT</u></td> </tr> <tr> <td>Reading (176) _____</td> <td>Reading (156) _____</td> <td>Composite (22) _____</td> <td>Total (1100) _____</td> </tr> <tr> <td>Writing (175) _____</td> <td>Writing (162) _____</td> <td></td> <td></td> </tr> <tr> <td>Math (175) _____</td> <td>Math (150) _____</td> <td></td> <td></td> </tr> </table>	<u>Praxis PPST</u>	<u>Praxis Core</u>	<u>ACT</u>	<u>SAT</u>	Reading (176) _____	Reading (156) _____	Composite (22) _____	Total (1100) _____	Writing (175) _____	Writing (162) _____			Math (175) _____	Math (150) _____		
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<input type="checkbox"/>	<p>Cumulative GPA of 2.5 or higher. Cumulative GPA: _____ <i>Unofficial transcript from BOSS must be attached with cumulative GPA highlighted.</i></p>																
<input type="checkbox"/>	<p>Currently in good standing and not on academic/disciplinary probation/suspension.</p>																
<input type="checkbox"/>	<p>Completed Professional Conduct Form (on back).</p>																
<input type="checkbox"/>	<p>Membership in a professional education association with liability insurance coverage. <i>Evidence of membership must be attached.</i></p>																
<input type="checkbox"/>	<p>Completed, successful background check. <i>Evidence of successful background check must be attached. Accepted background check services are Insight People Management and Louisiana Department of Education Child Care Civil Background Check (CCCBC). Visit https://www.latechcrrc.org/ for details.</i></p>																

By signing below, I attest that all application details and evidence are true and accurate, and I acknowledge that deliberate falsification of this application or any evidence accompanying the application may result in my admission denial or being dropped from the program if falsification is discovered after admission.

Signature of Applicant

Date

<p>ACTION TAKEN</p> <input type="checkbox"/> Admitted <input type="checkbox"/> Denied
<p>_____ Authorized Signature</p>
<p>_____ Date</p>

**LOUISIANA DEPARTMENT OF EDUCATION
TEACHER CERTIFICATION AND HIGHER EDUCATION
PLEASE TYPE OR PRINT IN INK**

<p>PROFESSIONAL CONDUCT FORM (All questions <u>must</u> be answered)</p>
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NAME OF APPLICANT: (Including, First, Middle, and Married)	Social Security Number ____-____-____
ADDRESS:	DATE OF BIRTH:

Answer each question by circling “YES” or “NO”.

1. Have you ever had any professional license/certificate denied, suspended, revoked, or voluntarily surrendered? If YES, in what state? _____	YES	NO
2. Are you currently being reviewed or investigated for purposes of such action as states in #1 or is such action pending? If YES, in what state? _____	YES	NO
3. Have you ever been convicted of any felony offense, been found guilty or entered a plea of <i>nolo contendere</i> (no consent), even in adjudication was withheld?	YES	NO
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.	YES	NO
5. Have you ever been granted a pardon for any offense as stated in #3 or #4?	YES	NO

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 teaching certificate.

SIGNATURE OF APPLICANT:	DATE:
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