

**LOUISIANA DEPARTMENT OF EDUCATION
TEACHER CERTIFICATION AND HIGHER EDUCATION**

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:

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

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| 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 stated 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 contest), even if 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, and 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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