

**LOUISIANA CLASSROOM
TEACHER ENROLLMENT PROGRAM (CTEP) APPLICATION**

Note: A new application must be completed and signed each quarter/semester.

1. CONTACT INFORMATION

Please list the following contact information for the teacher who will be completing the course(s).

Name of Teacher:	
Teacher Certification Type and Number:	
Home Mailing Address (Street, City, State, Zip Code):	
E-Mail address:	
Telephone Number:	
Date Application Submitted:	

2. COURSES AND TIMELINES

Please list the courses that the teacher is requesting to take using CTEP.

#	Semester and Year	Course Prefix and Number	Course Title	Credit Hours
1				
2				
3				
4				

Note: A maximum of 6 credit hours may be requested a semester during the fall and spring semesters. More credit hours may be requested during the summer semester.

3. CERTIFICATION CONCERNING INFORMATION PROVIDED, INTENT TO TEACH, NEXT ACADEMIC YEAR IN LOUISIANA SCHOOLS, AND OUTSTANDING DEBT STATEMENT:

I certify that the above information is true and correct to the best of my knowledge, and I also certify that it is my intent to teach as a classroom teacher during the next academic year in a school in Louisiana. I further certify that I do not have any outstanding financial obligations to any higher education institutions in Louisiana.

Signature of Teacher:	
Date:	

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**3. CERTIFICATION OF EMPLOYMENT TO BE FILLED OUT BY LOCAL
EMPLOYING AUTHORITY:**

Name of Teacher:	
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I certify the following:

- This teacher is employed as a full time certified classroom teacher in the school district;
- This teacher was employed during the last academic years as a full time classroom teacher;
- This teacher has committed to practice his/her profession as a classroom teacher for at least one subsequent year;
- The school in which h/she teaches is approved by BESE;
- Documentation has been provided to indicate that the State Board of Elementary and Secondary Education tuition program funds are exhausted for the academic quarter/semester.

Name of School/School District:	
Employing Authority Typed Name:	
Employing Authority Signature:	
Date of Signature:	