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MAIL TO:
PROFESSIONAL LICENSURE
DEPARTMENT OF EDUCATION
ROOMS 106B & 107B
FOUR CAPITOL MALL
LITTLE ROCK, AR 72201-1071



APPLICATION FOR EDUCATOR'S LICENSE

Arkansas

DEPARTMENT OF EDUCATION
Professional Licensure

Telephone No: (501) 682-4342
Fax No: (501) 682-4898
Web Page: www.arkansased.org
NOTICE
Incomplete applications will be returned
without action, with omissions checked.

F A CR

PLEASE PRINT IN INK OR TYPE

Central Registry Check:
Non Criminal Background Check:
All coursework must be documented by providing original college transcripts:
Applicable Fees:

Date: Date of Birth: SSN:

Name: First Middle Last Maiden

Mail License To: Home Phone: Cellular Phone: Work Phone: Fax: Email:
Street and/or Route Number Apartment #
City State Zip Years of Licensed Teaching Experience

FOR STATISTICAL PURPOSES ONLY:
Gender: Ethnicity: Race:
PROCESSING FEE CHECK ONE (IF APPLICABLE)
PLEASE NOTE: NO PERSONAL CHECKS ACCEPTED:
Have you ever held an Arkansas teaching license?
Have you ever had a license revoked in any state?
Have you ever had a "true finding" with the Arkansas Department of Human Services Child Maltreatment Central Registry?
If yes, what was the finding?
Have you ever pled guilty or pled nolo contendere (no contest) or been found guilty of a crime?
If yes, was the crime a
What was the date and crime for which you were convicted?
Is your license currently under disciplinary review?

Please be aware that the Arkansas Department of Education has access to and must consider any background check reflecting a conviction (pleading guilty or nolo contendere (no contest) or being found guilty by a jury or judge) for any offense listed in Ark. Code Ann. § 6-17-410 as well as any felony involving physical or sexual injury, mistreatment, or abuse against another, including records that have been expunged, sealed or subject to a pardon. For any questions about this, please call the ADE legal office @ (501) 682-4227.

Please indicate the application type.
Initial Reciprocity Converting Provisional to Initial Adding Degree
Standard Advanced License Converting Initial to Standard Name Change
Provisional Non-Traditional Converting Provisional to Standard Correction
Renewal Non-Traditional MAT or MED Duplicate Change of Address Only
Lifetime License Adding Additional Licensure Area Career & Technical Permit

Please indicate the degree level of your license.	
<input type="checkbox"/> Less than Bachelor's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate	
To be completed by applicant only when adding an additional licensure area by testing.	
Licensure Area(s)	Grade Level

Signature of Applicant: _____

This portion is to be completed by Arkansas institutional officials only, not by the applicant.

PROGRAM OF STUDIES VERIFICATION FOR PROVISIONAL/INITIAL LICENSURE

This verifies that _____ has satisfactorily completed the requirements for provisional/initial licensure in _____
 Area(s) and Level(s) of Licensure

OR

PROGRAM OF STUDIES VERIFICATION FOR ADDING AREAS OF LICENSURE

This verifies that _____ has satisfactorily completed

- | | | |
|---|--|---|
| <input type="checkbox"/> Program of study | <input type="checkbox"/> Degree requirements | <input type="checkbox"/> Required PRAXIS Assessment |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Portfolio | |

for adding the additional area(s) of _____
 Area(s) and Level(s) of Licensure

_____ Institution

_____ Date

_____ Institution Licensure Officer

COLLEGE SEAL

FOR DEPARTMENT USE ONLY

TYPE	LOWEST DEGREE	HIGHEST DEGREE
YEAR _____	_____ DEGREE CODE	_____ DEGREE CODE
TYPE _____	_____ STATE CODE	_____ STATE CODE
Effective Date _____	_____ ARKANSAS COLLEGE / UNIVERSITY CODE	_____ ARKANSAS COLLEGE / UNIVERSITY CODE
Expiration Date _____		
Area And/Or Level of Licensure		
_____	_____	_____
_____	_____	_____