



**Professional Education Program Proposal**

**COVER SHEET**

**Institution:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Program Contact Person:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of program:** \_\_\_\_\_ **CIP Code** \_\_\_\_\_

**Degree or award level (B.S., M.A.T., post-baccalaureate, etc.):** \_\_\_\_\_

**Is this program intended to prepare candidates for educator licensure in Arkansas? Yes No**

If yes, indicate the title and grade range of the license for which candidates will be prepared:

**Title:** \_\_\_\_\_ **Grade Range:** \_\_\_\_\_

**Proposal is for:**

**New Educator Licensure Program (Traditional)**  
(Complete Section A)

**New Educator Licensure Program with Distance Learning Technology\***  
(Complete Sections A and E)

**New Educator Licensure Endorsement Program**  
(Complete Section B)

**New Educator Licensure Endorsement Program with Distance Learning Technology\***  
(Complete Sections B and E)

**Major Revisions to an Approved Licensure Program**  
(Complete Section C)

**Minor Revision(s) to an Approved Licensure Program**  
(Complete Section D)

**Revision(s) to an Approved Program with Distance Learning Technology\***  
(Complete Section C and E)

**Converting a Traditional Program to a Distance Learning Technology Program\***  
(Complete Sections C and E)

\* At least 50% of the curriculum is delivered via distance learning technology.

**Indicate the portion of the proposed program to be delivered via  
distance learning technology (on-line). \_\_\_\_\_%**

**Proposed starting date for the program:** \_\_\_\_\_

**Will this program be offered at more than one site? Yes No**

If yes, list the sites where the program will be offered. \_\_\_\_\_

**NOTE: Prior approval by AHECB is required for Arkansas public institutions and institutions certified under Ark. Code Ann. §6-61-301 to offer programs at off-campus sites.**