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



APPLICATION FOR EDUCATOR'S LICENSE

Arkansas

DEPARTMENT OF EDUCATION
Educator 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?
Have you ever pled guilty or pled nolo contendere (no contest) or been found guilty of a crime?
What was the date and crime for which you were convicted?
Is your license currently under disciplinary review in another state or country?
If licensed outside the state of Arkansas, has your license been in good standing for the previous two years?

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.
Provisional Non-Traditional (APPEL) Converting Initial to Standard Duplicate
Standard Non-Traditional MAT/ MED/MTLL Converting Provisional to Standard Name Change
Renewal Teach for America Career & Technical Permit Correction
Lifetime License Teacher Corps Adding Degree Change of Address Only
Reciprocity Professional Teaching Permit Adding Area
Reciprocity- (out of Country) Provisional Professional Teaching License

Please indicate the degree level of your license.

Less than Bachelor's Bachelor's Master's Specialist Doctorate

To be completed by applicant only when adding an additional licensure area by testing.

Table with 2 columns: 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/STANDARD LICENSURE

This verifies that _____ has satisfactorily completed the requirements for

- Provisional NTL/TFA/Teacher Corps
- Provisional NTL/MAT/MED/MTLL
- Provisional (Missing AR. History or Testing)
- Standard
- Standard U-Teach
- Standard NTL-MAT/MED/MTLL

licensure in _____
Area(s) and Level(s) of Licensure

This applicant has completed the professional development required for initial licensure.

OR

PROGRAM OF STUDIES VERIFICATION FOR ADDING AREAS OF LICENSURE

This verifies that _____ has satisfactorily completed

- Program of study
- Degree requirements
- Required PRAXIS Assessment
- Internship
- 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

_____	_____	_____	_____	_____	_____
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