



Arkansas Department of Education
Plan of Study for Adding a Licensure Area
 (One ALP area per form)

Educator's Name _____ Date _____

School _____ School District _____

The following program of study and/or testing has been identified as meeting the requirements for licensing and/or becoming highly qualified for the additional licensure plan enclosed or on file. Adequate yearly progress is required to remain employed under an additional licensure plan.

I, _____ (educator), intend to complete the following coursework as required for the following Additional Licensure Plan (ALP) on file or attached:

Additional Licensure Plan _____ Licensure Code _____

Program of Study

<u>Coursework</u>	<u>Date or Semester</u>

Testing

<u>Praxis II Content Knowledge Exam</u>	<u>Date to be taken</u>

Other: _____

Teacher's signature

Date

Printed Name of School or District Administrator

Signature of School or District Administrator

Date