THE UNIVERSITY IS RESPONSIBLE FOR COMPLETION AND SUBMISSION OF THIS APPLICATION

ARKANSAS DEPARTMENT OF EDUCATION
STANDARD LICENSE APPLICATION

CURRICULUM/PROGRAM ADMINISTRATOR

Name: _____ S.S.# _____

Mailing Address: _____

City, State, Zip: _____ E-mail: _____

Home Phone: (_____)_____ Work Phone: (_____)_____

Specify One Specialty Core Area: ☐ **Curriculum** ☐ **Special Education** ☐ **Gifted & Talented**
☐ **Career & Tech Education** ☐ **Adult Education**
☐ **Content Area Specialist (Specify content area:_____)**

Institution of Higher Education:
This applicant has successfully completed the following requirements for a Standard Curriculum/Program Administrator License (Check [✓] all applicable items.)

- ☐ **Graduate Degree or** ☐ **Program of Study** (based on the *Current Leadership Standards for Licensure of Beginning Administrators*)
- ☐ **Internship**
- ☐ **Has a minimum of 4 years licensed experience in one of relevant areas above**: (verification enclosed)
- ☐ **Successfully passed the School Leaders Licensure Assessment.**

Check the Level of license requested. ☐ **P-12** ☐ **P-8** ☐ **7-12**

_____ _____
(Educational Leadership Program Chairperson Signature) (Date of Degree/Program Completion)

_____ _____
(University) (Licensure Officer Signature) (Date)

Applicant:
I have been informed of the requirements for an Arkansas Curriculum Program Administrator License. **It is my responsibility to submit the following required documentation to the University in order to be recommended for this license.**

- ☐ **A current Arkansas Standard Teaching License.**
- ☐ **Documentation of at Least 4 years licensed experience in one of relevant areas above:**
- ☐ **College/University Transcripts reflecting the Master's Degree/Master's level program of study.**
- ☐ **Passing scores for the School Leaders Licensure Assessment.**

* **Documentation of Experience** may be on school letterhead or an official personnel record verifying employment and specifying the **number of years taught in in the specific content areas. The document must exhibit the Superintendent's (or Designee's) signature.**

* Upon employment as a **Curriculum Program Administrator**, I shall participate in **the Arkansas Beginning Administrator Induction/Mentoring Program. (1-3 years)**

_____ _____
(Applicant Signature) (Date)

AFFIX OFFICIAL INSTITUTION SEAL IN THIS AREA

MAIL COMPLETE ORIGINAL FORM TO :
Arkansas Department of Education
Office of Educator Licensure
Four State Capitol Mall Room 106B
Little Rock, AR 72201

KEEP A COPY FOR YOUR RECORDS