

**THE APPLICANT IS
RESPONSIBLE FOR
COMPLETION
AND SUBMISSION OF
THIS APPLICATION**

**ARKANSAS DEPARTMENT OF EDUCATION
CONVERTING INITIAL TO STANDARD LICENSE APPLICATION**

BUILDING LEVEL ADMINISTRATOR

Name: _____ S.S.# _____

Mailing Address: _____

City, State, Zip: _____

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

E-mail address: _____ School District: _____

Applicant:

I have met the following Arkansas Standard Building Level Administrator Licensure requirements:
(Check [✓] all applicable items.)

I currently hold an **Arkansas Initial Building Level Administrator License** or

I have completed all Administrator Licensure Completion Program (**ALCP**) requirements

I am enclosing the **School Leaders Licensure Assessment (SLLA)** score report. (minimum score 163)

(Applicant Signature)

(Date)

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**

January 30, 2013