

THE APPLICANT IS RESPONSIBLE FOR COMPLETION AND SUBMISSION OF THIS APPLICATION

**ARKANSAS DEPARTMENT OF EDUCATION
CONVERTING INITIAL TO STANDARD LICENSE APPLICATION
CURRICULUM/PROGRAM ADMINISTRATOR**

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

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 Curriculum Program Administrator Licensure requirements:
(Check [✓] all applicable items.)

I currently hold an **Arkansas Initial Curriculum Program Administrator License** or

I have completed all Administrator Licensure Completion Plan (**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**