

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

**ARKANSAS DEPARTMENT OF EDUCATION
STANDARD LICENSE APPLICATION
DISTRICT LEVEL ADMINISTRATOR**

Name: _____ S.S.# _____

Mailing Address: _____

City, State, Zip: _____

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

E-mail address: _____ School District: _____

Institution of Higher Education:

This applicant has successfully completed the following requirements for a Standard District Level Administrator License. (Check [✓] all applicable items.)

- Advanced Graduate Degree** or **Advanced Program of Study** (based on the *Current Leadership Standards for District Level Administrators*)
- Internship** reflective of the standards for District Level Administrator Licensure
- Has taken and passed the School Superintendent Assessment. (minimum score 160)**

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

(University) (Licensure Officer) (Date)

Applicant:

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

- I currently hold an **Arkansas Standard Teaching License**. (four years teaching experience required)
- I currently hold an **Arkansas Standard Building Level Administrator License** or an **Arkansas Standard Curriculum/Program Administrator License**. (at least one year experience in either area required)
- I hold an **Advanced Degree** or have completed an **Advanced Program of Study** reflective of the *Current Leadership Standards for School Leaders*.
- I have enclosed a copy of the School Superintendent Assessment (SSA) with a passing score report (**minimum 160**).
- I have included Official College/University transcripts reflecting the program of study.

(Applicant Signature)

(Date)

**AFFIX OFFICIAL
UNIVERSITY 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**

January 29, 2012