

PLAF

MAIL TO:
PROFESSIONAL LICENSURE
DEPARTMENT OF EDUCATION
ROOMS 106B & 107B
#4 STATE CAPITOL MALL
LITTLE ROCK, AR 72201-1071



APPLICATION FOR TEACHING LICENSE

Arkansas

DEPARTMENT OF EDUCATION
Professional Licensure

Telephone No: (501) 682-4342
Fax No: (501) 682-4898
Web Page: http://adeweb.state.ar.us
NOTICE
Incomplete applications will be returned
without action, with omissions checked.

F A

Non-criminal Background Check:
All coursework must be documented by providing official college transcripts.
Enclosed Being Forwarded To AR. State Police On File

Date: _____

SSN: _____ - _____ - _____

Name: _____
First Middle Last Maiden

Mail License To:
Name or School District
Street and/or Route Number Apartment #
City State Zip
Home Phone:
Cellular Phone:
Pager:
Fax:
Work Phone:
Email:

Date of Birth
Month Day Year
Number Years Taught
Arkansas
Other
CHECK ONE
CIRCLE ONE
MALE
FEMALE
Have you ever held an Arkansas teaching license?
Have you ever had a license revoked in any state?
Have you ever been convicted of a crime?
If so, was the crime a Felony Misdemeanor
What was the crime you were convicted of?
What was the date of your conviction?

Please indicate the application type(s), and the degree level of your license.

Application Type
Degree Level
Initial Standard Name Change Provisional Renewal Duplicate
Adding Additional Licensure Area Reciprocity Adding Degree Converting Provisional to Standard Correction
Less than Bachelor's Bachelor's Master's Specialist Doctorate

To be completed only when adding an additional licensure area
Licensure Code Number(s) Licensure Area(s)
Level of Licensure
Early Childhood P-4
Preschool/Early Adolescent P-8
Preschool/Young Adult P-12
Middle Childhood/Early Adolescent 4-8
Adolescent/Young Adult 7-12
Post-Secondary

FOR DEPARTMENT USE ONLY

TYPE
YEAR
TYPE
EDUCATION HOURS
CHECK IF 18 OR MORE NO. HOURS IF LESS THAN 18
LOWEST DEGREE
DEGREE CODE
STATE CODE
ARKANSAS
COLLEGE CODE
HIGHEST DEGREE
DEGREE CODE
STATE CODE
ARKANSAS
COLLEGE CODE

Area And/Or Level of Licensure

If for Renewal: Are you currently employed by one of the following:

_____ Arkansas Public School District _____ Public Education Institution located in Arkansas _____ Another State

_____ Arkansas Department of Education _____ Other _____

CLASS CODE: (Please enter applicable code in box below)

<input type="checkbox"/> 1 One Year (Provisional)	<input type="checkbox"/> 12 One Year Non-Renewable (1082)	<input type="checkbox"/> 22 One Year Renewable Provisional (1282)
<input type="checkbox"/> 6 Three Year (Initial)	<input type="checkbox"/> 13 One Year Non-Renewable (1083)	<input type="checkbox"/> 23 One Year Renewable Provisional (1283)
<input type="checkbox"/> 7 Five Year (Standard)	<input type="checkbox"/> 14 One Year Non-Renewable (1084)	<input type="checkbox"/> 24 One Year Renewable Provisional (1284)
<input type="checkbox"/> Class Code		

All individuals applying for the renewal of a standard Arkansas teaching license must provide documentation of at least two years of educational work experience during the last six years. The signature of an appropriate verifying official must be included.

Date of most recent two years of educational work experience: _____

Work experience school name: _____ City & State of experience _____

NOTE: If the experience is in an educational setting *other* than an accredited Arkansas school, attach documentation describing the experience on official letterhead, including signature & title of the verifying official.

Signature of Applicant

Signature of Person Verifying Experience (Must be an official listed below, or a designated representative)

X _____

X _____

Check appropriate box of Verifying Official

Superintendent Asst. Superintendent

This portion is to be completed by Arkansas institutional officials only, not by the applicant.

PROGRAM OF STUDIES VERIFICATION FOR INITIAL LICENSURE

This verifies that _____ has satisfactorily completed the requirements for

initial licensure in _____
Area(s) and Level(s) of Licensure

OR

PROGRAM OF STUDIES VERIFICATION FOR ADDING AREAS OF LICENSURE

This verifies that _____ has satisfactorily completed

- | | | |
|---|--|---|
| <input type="checkbox"/> Program of study | <input type="checkbox"/> Degree requirements | <input type="checkbox"/> Required PRAXIS Assessment |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Portfolio | |

for adding the additional area(s) of _____
Area(s) and Level(s) of Licensure

Institution

Date

Designated Official

COLLEGE SEAL