



ETHICS TRAINING VERIFICATION FORM FOR ALTERNATIVE EDUCATION PREPARATION CANDIDATES

This form is to be used by candidates enrolled in an alternative educator preparation program when applying for a provisional license.

Candidate Name: _____

Candidate AELS Case ID or last 4 of SSN: _____

Candidate Address: _____

Candidate Non-School phone number: _____

BY MY SIGNATURE BELOW, I verify that I have completed the General Professional Ethics Training and the Arkansas Code of Ethics Training through the following approved program:

Place a check in the box beside the approved training for both Parts I and 2 that you completed:

Part I: Professional Ethics – (CHECK ONE BOX)

- ADE approved training from your preparation program:
Name of preparation program: _____
- The *ProEthica*[®] Program

Part II: Arkansas Code of Ethics – (CHECK TWO BOXES)

One of the following:

- ADE approved training from your preparation program:
Name of preparation program: _____
- Professional Licensure Standards Board (PLSB) - The Code of Ethics Training Video (2017) on [ArkansasIDEAS](#) Course #ERC18064

And check the following:

- I have read the Rules Governing the Code of Ethics for Arkansas Educators.

After watching the video, download, complete, and submit the Training Verification Form to your educator preparation program licensure officer for submission to the ADE. Provisional Professional Teaching License (PPTL) and American Board (ABCTE) candidates will submit the Training Verification Form directly to the ADE by email at: ade.educatorlicensure@arkansas.gov

Candidate Signature: _____ Date: _____