



**University of Central Arkansas
Master of Arts in Teaching
Provisional License Recommendation**

Name: _____ Last 4 SSN # XXX - XX - _____

E-mail: _____

The person identified above has been admitted to the University of Central Arkansas Master of Arts in Teaching (MAT) program. Because this person is admitted to the MAT program and has met requirements established by the Arkansas Department of Education, he/she may be recommended for a two-year provisional Arkansas teaching license.

Prior to recommendation for the license and its issuance, the candidate must have the signature of the employing superintendent (or designee). Be advised that candidates in the UCA MAT program, who secure employment as a teacher, will require on-site mentoring by a licensed teacher. The candidate will also be mentored by UCA faculty during the final semester of enrollment in the MAT program. NOTE: The candidate must be continually enrolled and in good standing in the program to retain the provisional license.

The candidate must have completed the following requirements for the two-year provisional license:

<p>To be completed by the teacher candidate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arkansas Child Maltreatment Registry Check <input type="checkbox"/> Arkansas State Police and FBI background checks (Fingerprinting) <input type="checkbox"/> Submit the online application. For information, see Step 1 - uca.edu/ocs/mat-provisional-license/ <p>NOTE: MAT students are responsible to submit and pay for all background checks as well as to follow up with the appropriate agencies to ensure timely processing. DESE will not issue your license until the background check is cleared.</p>	<p>To be verified by MAT Office upon receipt of form:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Admitted and currently enrolled in the MAT program <input type="checkbox"/> Official transcripts for the bachelor's degree on file in MAT office (if not completed at UCA) <input type="checkbox"/> Successful completion of required Praxis Subject Area Assessment(s) <input type="checkbox"/> Completion of professional development requirements <input type="checkbox"/> Completion of ethics training <input type="checkbox"/> Special Educ Only: Completion of 6 credit hours
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The completed section below indicates intent to hire the above named MAT candidate.

Superintendent (or designee) Printed Name

MAT Candidate Employment Date

Subject(s) the applicant will teach

Grade level(s) the applicant will teach

School and District Name

School Address and Phone Number

Superintendent (or designee) Signature

Date

Return This Form To Your Program Coordinator:

MAT K-6/Middle/Secondary — sunnyf@uca.edu
MAT Special Education — blenz1@uca.edu

MAT Coordinator Signature