

MAT@UCA.EDU

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

MAT Coordinator Signature

| Name:                                                                                                                                                                                                                                                                                                          | Last 4 SSN # xxx - xx -                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| E-mail Address:                                                                                                                                                                                                                                                                                                |                                                                                                                                              |
| The person identified above has been admitted to the Unive (MAT) program. Because this person is admitted to the MAT the Arkansas Department of Education, he/she may be reco                                                                                                                                  | <i>,</i>                                                                                                                                     |
| Prior to recommendation for the license and its issuance, the superintendent (or designee). Please be advised that candic employment as a teacher, will require on-site mentoring by mentored by UCA faculty during the final semester of enrollic continually enrolled and in good standing in the program to | lates in the UCA MAT program, who secure a licensed teacher. The candidate will also be ment in the MAT program. NOTE: The candidate must be |
| The candidate must have completed the following                                                                                                                                                                                                                                                                | requirements for the provisional license:                                                                                                    |
| I verify that I have completed the following:                                                                                                                                                                                                                                                                  | To be verified by MAT Office upon receipt of form:                                                                                           |
| ☐ Arkansas Child Maltreatment Registry Check                                                                                                                                                                                                                                                                   | ☐ Admitted and currently enrolled in the MAT program                                                                                         |
| ☐ Arkansas State Police and FBI background checks (Fingerprinting)                                                                                                                                                                                                                                             | ☐ Official transcripts for the bachelor's degree on file in MAT office (if not completed at UCA)                                             |
| ☐ Online application submitted<br>Step 1 - uca.edu/ocs/mat-provisional-license/                                                                                                                                                                                                                                | ☐ Successful completion of required Praxis Subject Area Assessment(s)                                                                        |
| NOTE: The MAT student is responsible for submitting and paying for all background checks                                                                                                                                                                                                                       | ☐ Completion of professional development requirements                                                                                        |
| as well as for following up with the appropriate                                                                                                                                                                                                                                                               | ☐ Completion of ethics training                                                                                                              |
| agencies to ensure timely processing and approval. DESE will not issue the license until both parts of the background check are cleared.                                                                                                                                                                       | ☐ Special Educ Only: Completion of 6 credit hours                                                                                            |
| The completed section below indicates intent to h                                                                                                                                                                                                                                                              | nire the above named MAT candidate.                                                                                                          |
| γ                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |
| 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 the MAT program coordinator                                                                                                                                                                                                                                                                |                                                                                                                                              |