

MAT@UCA.EDU

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

MAT Coordinator Signature

Name:	Last 4 SSN #
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 recon	· · · · · · · · · · · · · · · · · · ·
Prior to recommendation for the license and its issuance, the superintendent (or designee). Please be advised that candid employment as a teacher, will require on-site mentoring by mentored by UCA faculty during the final semester of enrollr continually enrolled and in good standing in the program to	dates 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 have completed the following:  Uerified that Arkansas Child Maltreatment Registry Check has cleared.	To be verified by MAT Office upon receipt of form:
Check has cleared.	☐ Admitted and currently enrolled in the MAT program
☐ Verified that Arkansas State Police and FBI background checks (Fingerprinting) has cleared	☐ Official transcripts for the bachelor's degree on file in MAT office (if not completed at UCA)
☐ Submitted the application for provisional license See Step 1 - uca.edu/ocs/mat-provisional-license/	☐ Successful completion of required Praxis Subject Area Assessment(s)
NOTE: The MAT student is responsible for completing background checks and verifying that all parts are	☐ Completion of professional development requirements
cleared. Background checks must be less than one year old. See uca.edu/ocs/background-check-status/	☐ Completion of ethics training
DESE will not issue the license until all parts of the background check are cleared.	☐ Special Educ Only: Completion of 6 credit hours
The completed section below indicates intent to he Superintendent (or designee) Printed Name  Subject(s) the applicant will teach	MAT Candidate Employment Date  Grade level(s) the applicant will teach
Subject(s) the applicant will teach	Grade level(s) the applicant will teach
School and District Name	
School Address and Phone Number	<del></del> -
Superintendent (or designee) Signature	Date
Return this form to the MAT program coordinator	