



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

Name: _____

Last 4 SSN # XXX - XX -

E-mail Address: _____

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). Please 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 MAT program to retain the provisional license.

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

I have completed the following:

- ☐ Verified that Arkansas Child Maltreatment Registry Check has cleared.
- ☐ Verified that Arkansas State Police and FBI background checks (Fingerprinting) has cleared
- ☐ Submitted the application for provisional license
See Step 1 - uca.edu/ocs/mat-provisional-license/

NOTE: The MAT student is responsible for completing background checks and verifying that all parts are cleared. Background checks must be less than one year old. See uca.edu/ocs/background-check-status/

DESE will not issue the license until all parts of the background check are cleared.

**THIS SECTION IS TO BE COMPLETED BY
THE MAT OFFICE ONLY**

- ☐ Admitted and currently enrolled in the MAT program
- ☐ Official transcripts for the bachelor's degree on file in MAT office (if not completed at UCA)
- ☐ Successful completion of required Praxis Subject Area Assessment(s)
- ☐ Completion of professional development requirements
- ☐ Completion of ethics training
- ☐ **Special Educ Only:** Completion of 6 credit hours

The completed section below indicates intent to hire the above named MAT candidate.

Superintendent (or designee) Printed Name

Date Employment Under Provisional Begins

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**

MAT@UCA.EDU

MAT Coordinator Signature