

PLAF

MAIL TO:
PROFESSIONAL LICENSURE
DEPARTMENT OF EDUCATION
ROOMS 106B & 107B
#4 STATE CAPITOL MALL
LITTLE ROCK, AR 72201-1071



APPLICATION FOR TEACHING LICENSE

Arkansas

DEPARTMENT OF EDUCATION
Professional Licensure

Telephone No: (501) 682-4342
Fax No: (501) 682-4898
Web Page: http://arkedu.state.ar.us
NOTICE
Incomplete applications will be returned
without action, with omissions checked.

F A

Non-criminal Background Check:
All coursework must be documented by providing official college transcripts.
Enclosed Being Forwarded To AR. State Police On File

Date:

SSN:

Name: First Middle Last Maiden

Mail License To: Name OR School District Home Phone:
Street and/or Route Number Apartment # Cellular Phone:
City State Zip Email: Fax: Work Phone:

Date of Birth: Month Day Year
FOR STATISTICAL PURPOSES ONLY
CHECK ONE: AMERICAN INDIAN, ALASKAN NATIVE, ASIAN OR PACIFIC ISLANDER, BLACK, WHITE, HISPANIC
CIRCLE ONE: MALE, FEMALE
Have you ever held an Arkansas teaching license?
Have you ever had a license revoked in any state?
Have you ever been convicted of a crime?
What was the crime you were convicted of?
What was the date of your conviction?

Please indicate the application type and the degree level of your license.

Application Type: Initial, Standard, Name Change, Provisional, Renewal, Duplicate, Adding Additional Licensure Area, Reciprocity, Adding Degree, Converting Provisional to Standard, Non-Traditional, Correction, Lifetime License
Degree Level: Less than Bachelor's, Bachelor's, Master's, Specialist, Doctorate

To be completed only when adding an additional licensure area

Table with 2 columns: Licensure Code Number(s), Licensure Area(s)

FOR DEPARTMENT USE ONLY

Table with 4 columns: TYPE (YEAR, TYPE, Effective Date, Expiration Date), LOWEST DEGREE (DEGREE CODE, STATE CODE, COLLEGE CODE), HIGHEST DEGREE (DEGREE CODE, STATE CODE, COLLEGE CODE)

Area And/Or Level of Licensure

Table with 6 columns for licensure area and level details

CLASS CODE: (Please enter applicable code in box below)

<input type="checkbox"/> 1 One Year (Provisional)	<input type="checkbox"/> 9 One Year Professional Teaching Permit	<input type="checkbox"/> 15 One Year Non-Renewable (1085)
<input type="checkbox"/> 4 Lifetime License	<input type="checkbox"/> 12 One Year Non-Renewable (1082)	<input type="checkbox"/> 22 One Year Renewable Provisional (1282)
<input type="checkbox"/> 6 Three Year (Initial)	<input type="checkbox"/> 13 One Year Non-Renewable (1083)	
<input type="checkbox"/> 7 Five Year (Standard)	<input type="checkbox"/> 14 One Year Non-Renewable (1084)	
<input type="checkbox"/> Class Code		

All individuals applying for the renewal of a standard Arkansas teaching license must provide documentation of at least two years of educational work experience during the last five years and verification of having completed sixty (60) hours of professional development annually beginning with the 2005-2006 school year.

NOTE: When the experience and/or professional development has been completed in an educational setting other than an Arkansas public school, the applicant shall present on official letterhead, verification of both the experience and professional development, including the signature & title of the verifying official.

NOTE: The standard Arkansas teaching license will be automatically renewed for those teachers employed in an Arkansas public school the last effective year of their license, and that have completed their required professional development and successfully cleared at least one background check by the Arkansas State Police and FBI.

Date of most recent two years of educational work experience: _____

Work experience school name: _____ City & State of experience _____

Signature of Applicant

Signature of Person Verifying Experience (Must be an official listed below, or a designated representative)

X _____

X _____

Check appropriate box of Verifying Official

Superintendent Asst. Superintendent

This portion is to be completed by Arkansas institutional officials only, *not by the applicant.*

PROGRAM OF STUDIES VERIFICATION FOR INITIAL LICENSURE

This verifies that _____ has satisfactorily completed the requirements for initial licensure in _____
Area(s) and Level(s) of Licensure

OR

PROGRAM OF STUDIES VERIFICATION FOR ADDING AREAS OF LICENSURE

This verifies that _____ has satisfactorily completed

- Program of study Degree requirements Required PRAXIS Assessment
- Internship Portfolio

for adding the additional area(s) of _____
Area(s) and Level(s) of Licensure

Institution

Date

Designated Official

COLLEGE SEAL