

ARKANSAS DEPARTMENT OF EDUCATION

ADMINISTRATOR LICENSURE COMPLETION PLAN
(ALCP)

DISTRICT LEVEL ADMINISTRATOR

Name: _____ S.S.# _____

Mailing Address: _____

City, State, Zip: _____ E-mail: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

The Administrator Licensure Completion Plan (ALCP) for District Level Administrator is the appropriate avenue for an individual who has been offered employment as a District Level Administrator prior to completion of state District Level Administrator licensure requirements. **Annual yearly progress must be completed each year under an ALCP.**

Eligibility Guidelines: The applicant must meet the following conditions:

- Possess a current Arkansas Standard Teaching License
- Possess a current Arkansas Standard Building Level or Curriculum/Program Administrator License
- Be employed in a District Administrator position prior to completion of licensure requirements for District Level Administrator
- Have 4 years teaching experience, preferably with Building Level or Curriculum/Program Administrator experience
- Enroll, and participate, in a University's advanced degree or program of study that is reflective of the *Arkansas Standards for District Level Administrator Licensure* with a timeline for completion within three years from date of hire

Institution of Higher Education: I verify the applicant:

- Holds a Current Arkansas Standard Building Level or Curriculum Program Administrator License**
- Is enrolled, and participating, in a program of study** based on his/her individual needs inclusive of an internship and portfolio development in this Administrator area and based on the *Arkansas Standards for District Level Administrators*.

(Educational Leadership Program Chairperson Signature)

(Institution)

(Licensure Officer Signature)

Applicant's Initials _____

The employing district must:

- File a complete ALCP application form with the ADE Office of Professional Licensure within thirty (30) days of hiring an administrator via ALCP
- Verify the candidate holds an Arkansas Standard Building Level or Curriculum Program Administrator teaching license.

I verify the applicant is employed in this school district as a District Administrator and understand that he/she must meet all licensure requirements within three (3) years of date of hire.

(School District)

(Date of Hire/ALCP Activation Date)

(Authorized School District Representative Signature)

(Date)

Completion Requirements:

- * ● Successfully complete the **advanced degree or program of study** (as stated above), including recommendation for licensure, **within three (3) years** of beginning the ALCP.
- * ● Pass the School Leadership Series: **School Superintendent Assessment (SSA) within three years** of beginning the ALCP. **Arkansas cut-score =156**
 - Note: Test at a Glance (TAAG) study guide booklets are available online via www.teachingandlearning.org
Any teacher or administrator planning to take a School Leadership Series assessment is strongly encouraged to obtain these study materials.

(Applicant Signature)

(Date)

RETURN COMPLETED ORIGINAL
FORM TO:
Arkansas Department of Education
Office of Professional Licensure
#4 Capitol Mall, Room 106-B
Little Rock, AR 72201-1071

**THE APPLICANT IS RESPONSIBLE
FOR COMPLETION AND
SUBMISSION OF THIS
APPLICATION**

Keep a copy for your records

THE ALCP IS NON-RENEWABLE. IN THE EVENT THE APPLICANT FAILS TO COMPLETE ALL OBLIGATIONS OF THE ALCP WITHIN THREE YEARS OF HIRE, THE APPLICANT WILL BE UNABLE TO CONTINUE HOLDING THE POSITION OF AN ADMINISTRATOR.

NOT ACCEPTABLE WITHOUT BOTH PAGES

August 2007