

THE UNIVERSITY IS RESPONSIBLE FOR COMPLETION AND SUBMISSION OF THIS APPLICATION

**ARKANSAS DEPARTMENT OF EDUCATION
INITIAL LICENSE APPLICATION
CURRICULUM/PROGRAM ADMINISTRATOR**

Name: _____ S.S.# _____

Mailing Address: _____

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

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

Specify One Specialty Core Area: Special Education Gifted & Talented Career & Tech Education
 Curriculum Content Area Specialist (Specify content area: _____)

Institution of Higher Education:

This applicant has successfully completed the following requirements for an Initial Curriculum/Program Administrator License: (Check [✓] all applicable items.)

- Graduate Degree or Program of Study (based on the *Arkansas Standard for Licensure of Beginning Administrators*)
- Internship
- Portfolio Development (assessed by University's Educational Leadership faculty and at least one external, practicing administrator)
- Has a minimum of 4 years teaching experience, with three years at the level for which I am recommending (verification enclosed)

Check the Level(s) of license requested based on candidates teaching experience:
 P-4 P-8 4-8 4-12 7-12 P-12 Post-Secondary

(Educational Leadership Program Chairperson Signature) (Date of Degree/Program Completion)

(University) (Licensure Officer Signature) (Date)

Applicant:

I have been informed of the requirements for an Arkansas Standard District Level Administrator License. **It is my responsibility to submit the following required documentation to the University in order to be recommended for this license.**

- A current Arkansas Standard Teaching License.
- Documentation of at Least Four Years of Teaching Experience*
- Documentation of at Least Three Years of Teaching Experience at the Grade Level and/or in the Area of Licensure Sought.*
- Official College/University Transcripts (reflecting the program of study)

* Documentation of Experience may be a letter or an official personnel record verifying employment and specifying the **number of years taught in each grade level and/or specific content areas. The document must exhibit the Superintendent's (or Designee's) signature.**

* Upon employment as a **Curriculum Program Administrator**, I shall participate in the **Arkansas Beginning Administrator Induction/Mentoring Program (1-3 years) and successfully pass the School Leaders Licensure Assessment** prior to applying for a Curriculum Program Administrator License.

(Applicant Signature) (Date)

AFFIX OFFICIAL INSTITUTION SEAL IN THIS AREA

MAIL COMPLETE ORIGINAL FORM TO :
Arkansas Department of Education
Office of Professional Licensure
Four Capitol Mall Room 106B
Little Rock, AR 72201

KEEP A COPY FOR YOUR RECORDS