

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