PLAF

MAIL TO:
EDUCATOR LICENSURE
DEPARTMENT OF EDUCATION
ROOMS 106B & 107B
FOUR CAPITOL MALL
LITTLE ROCK, AR 72201-1071

Signature of Applicant:



APPLICATION FOR EDUCATOR'S LICENSE

DEPARTMENT OF EDUCATION Educator Licensure

Telephone No: (501) 682-4342
Fax No: (501) 682-4898
Web Page: www.arkansased.org
NOTICE
Incomplete applications will be returned without action, with omissions checked.

F A CR	PLEAS	E PRINT IN INK (OR TYPE		
Central Registry Check: Being Forwarded To DHS	S On File	All coursework mu	ust be documented by provenscripts:	iding	Applicable Fees:
Non Criminal Background Check: Being Forwarded To AR. State Police	On File	Enclosed	Being Forwarded	On File	Enclosed Pay Online
Date:	Date of Birth:	//	SSN:		
Name:					
First		Middle	Last		Maiden
Mail License To:					
Nam	e		Work Phone:		
Street and/or l	Route Number	Apartme			
City	<u> </u>	State Z	Years of Licens	ed Teach	ing Experience
FOR STATISTICAL PURPOSES		SSING FEE CK ONE			kansas teaching license?] No
ONLY: Gender: Male Female		LICABLE)	Have you ever ha	ad a licen	se revoked in any state?
	() \$75 - 5 YEA	R STANDARD	Ш	Yes 🗌	No
Ethnicity: Check One					e finding" with the Arkansas
() Hispanic / Latino () Non- Hispanic/ Latino	() \$75 - 5 YEA () \$50 - DUPL		Registry?	uman Se	rvices Child Maltreatment Central
() Non- Hispanic/ Latino				Yes	□No
Race: Check one or more	() \$75 - 5 YEA TECHNICA		If yes, what was	the findir	ng?
() American Indian Or Alaskan Native	PLEASE NOT				or pled nolo contendere (no
() Asian or Pacific Islander	NO PERSONAL ACCEPTED:		contest) or been	_	ilty of a crime? □ No
() Black or African American		can pay on-line b	If yes, was the cr		or Misdemeanor
() White	credit card or ele https://www.ark.		_		me for which you were
() Native Hawaiian or	licensure.	org/teachers/	convicted?		
Other Pacific Islander			Is your license cu	ırrently u	ander disciplinary review?
() Other			•	-	□No
Please be aware that the Arkansas conviction (pleading guilty or nolo Code Ann. § 6-17-410 as well as an records that have been expunged, s (501) 682-4227.	contendere (no c y felony involving sealed or subject	ontest) or being g physical or sex	found guilty by a jury ual injury, mistreatm r any questions about	y or judg ent, or a	e) for any offense listed in Ark. buse against another, <u>including</u>
☐ Provisional ☐ Non-Trad	itional (APPEL)		verting Initial to Stand	ard	☐ Duplicate
			verting Provisional to	Standard	☐ Name Change
☐ Reciprocity ☐ Teach for ☐ Renewal ☐ Teacher C			eer & Technical Permit		☐ Correction
	orps nal Teaching Perm		ling Degree ling Area		☐ Change of Address Only
	al Professional Te				
	Please inc	licate the degree	level of your license.		
☐ Less than Bachelor's		☐ Master's	☐ Specialist		octorate
	<u> </u>	only when addir	ng an additional licens		
Licensure Area	a(s)			Grade L	.evei

This verifies that		has sati	sfactorily completed the requirements f	
☐ Provisional NTL/TFA/Teacher☐ Provisional NTL/MAT/MED/M☐ Provisional (Missing AR. History or☐ Standard	Corps TLL licensure in Testing)	Area(s) and	Level(s) of Licensure	
☐ This applicant has completed	the professional developm	nent required	for initial licensure.	
	<u>OR</u>			
PROGRAM OF STUD	DIES VERIFICATION FO	OR ADDING	G AREAS OF LICENSURE	
This verifies that			has satisfactorily completed	
	□ Degree requirements□ Portfolio	☐ Required PRAXIS Assessment		
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Institution	ution Licensure Officer	USE ONLY	Date	
Institution Institution	ution Licensure Officer FOR DEPARTMENT	USE ONLY	Date COLLEGE SEAL	
Institution TYPE TYPE	Tor Department Lowest Degree	USE ONLY	Date COLLEGE SEAL HIGHEST DEGREE	
Institu	FOR DEPARTMENT LOWEST DEGRE DEGREE CODE	USE ONLY	Date COLLEGE SEAL HIGHEST DEGREE DEGREE CODE	