

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

**ARKANSAS DEPARTMENT OF EDUCATION  
INITIAL LICENSE APPLICATION  
BUILDING LEVEL ADMINISTRATOR**

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Institution of Higher Education:**

This applicant has successfully completed the following requirements for an Initial Building Level 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 candidate's teaching experience.  P-8  7-12

\_\_\_\_\_  
(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 Building 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 **Building Level 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 Standard Building Level 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  
4 State Capitol Mall Room 106B  
Little Rock, AR 72201

**KEEP A COPY  
FOR YOUR  
RECORDS**