

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

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

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

Name: _____ S.S.# _____

Mailing Address: _____

City, State, Zip: _____

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

E-mail address: _____ School District: _____

School District:

I verify the Applicant: (Check [✓] all applicable items.)

- Has been employed as a Curriculum Program Administrator at least one year
- Holds an Arkansas Initial Curriculum Program Administrator License
- Has successfully completed the required Arkansas Beginning Administrator Induction/Mentoring Program

(School District) (Date)

(Authorized School District Representative Name) (Signature)

Applicant:

I have met the following Arkansas Standard Curriculum Program Administrator Licensure requirements:
(Check [✓] all applicable items.)

- I currently hold an **Arkansas Initial Curriculum Program Administrator License** or
- I have completed all Administrator Licensure Completion Plan (**ALCP**) requirements
- I am enclosing the **School Leaders Licensure Assessment (SLLA)** score report. (minimum score 158)
- I have participated in, and successfully completed, all requirements of the Arkansas Beginning Administrator Induction/Mentoring Program (1-3 years).

(Applicant Signature) (Date)

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**