

REQUEST FOR 15 HRS. CREDIT FOR PROFESSIONAL DEVELOPMENT

Name _____ SS# _____

Mailing Address _____

City, State, Zip _____

In what capacity are you currently employed? _____

If teaching, what do you teach? _____

Course No. and Title _____

University _____ No. of Credit Hours _____

This course was taken _____ / will be taken _____
date date

I certify that the above statements are true and correct to the best of my knowledge.

Teacher Applicant _____

School District Authority _____

FOR DEPARTMENT USE ONLY

Reviewed by _____ Date _____

Course Approved _____ for _____ hours credit for the _____ school year.

Course Disapproved _____

Any course used for professional development must be taken within the fiscal year for which it is counted. Only 30 hrs. per year may be approved for coursework. Please use one request form per course. An official transcript showing course completion must be provided at the time of renewal.

COMMENTS _____

Return to: Arkansas Department of Education
Professional Licensure Office
#4 State Capitol Mall, Room 106B
Little Rock, AR 72201