

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

**ARKANSAS DEPARTMENT OF EDUCATION
STANDARD 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 a Standard Building Level Administrator License. (Check [✓] all applicable items.)

- Graduate Degree or** **Program of Study** (based on *Current Leadership Standards for Licensure of Beginning Administrators*).
- Internship**
- Has a minimum of 3 years as a licensed classroom teacher, school counselor, or library media specialist. (verification enclosed)**
- Has successfully passed the School Leaders Licensure Assessment.**

Check the Level of license requested. P-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 3 years as a licensed classroom teacher, school counselor, or library media specialist.*
- Official College/University Transcripts reflecting the Master's Degree/Master's level program of study or higher.
- Passing scores for the School Leaders Licensure Assessment.

* **Documentation of Experience** may be a letter or an official personnel record verifying employment and specifying the **number of years as a classroom teacher, school counselor, or library media specialist. 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)**

(Applicant Signature)

(Date)

**AFFIX OFFICIAL
INSTITUTION
SEAL
IN THIS AREA**

MAIL COMPLETE ORIGINAL FORM TO:
Arkansas Department of Education
Office of Educator Licensure
Four State Capitol Mall Room 106B
Little Rock, AR 72201

**KEEP A COPY
FOR YOUR
RECORDS**

July 2018