

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

**ARKANSAS DEPARTMENT OF EDUCATION  
STANDARD LICENSE APPLICATION  
DISTRICT LEVEL ADMINISTRATOR**

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

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

City, State, Zip: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_ School District: \_\_\_\_\_

**Institution of Higher Education:**

This applicant has successfully completed the following requirements for a Standard District Level Administrator License. (Check [✓] all applicable items.)

- Advanced Graduate Degree** or  **Advanced Program of Study** (based on the *Current Leadership Standards for District Level Administrators*)
- Internship** reflective of the standards for District Level Administrator Licensure
- Has taken and passed the School Superintendent Assessment. (minimum score 160)**

\_\_\_\_\_  
(Educational Leadership Program Chairperson Signature) (Date of Degree/Program Completion)

\_\_\_\_\_  
(University) (Licensure Officer) (Date)

**Applicant:**

I have been informed of the requirements for an Arkansas Standard District Level Administrator License. **It is my responsibility to submit the following required documentation to the University in order to be recommended for this license.**

- I currently hold an **Arkansas Standard Teaching License**. (three years teaching experience required)
- I currently hold an **Arkansas Standard Building Level Administrator License** or an **Arkansas Standard Curriculum/Program Administrator License**. (at least one year of experience as a licensed BLA or CPA required. Verification of experience attached)
- I hold an **Advanced Degree** or have completed an **Advanced Program of Study** reflective of the *Current Leadership Standards for School Leaders*.
- I have enclosed a copy of the School Superintendent Assessment (SSA) with a passing score report (**minimum 160**).
- I have included Official College/University transcripts reflecting the program of study.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**AFFIX OFFICIAL  
UNIVERSITY SEAL  
IN THIS AREA**

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

**KEEP A COPY  
FOR YOUR  
RECORDS**

July 2018