



Arkansas Department of Education
Plan of Study for Adding a Licensure Area
 (One ALP area per form)

Educator's Name _____ Date _____

School _____ School District _____

The following program of study and/or testing has been identified as meeting the requirements for licensing for the additional licensure plan enclosed or on file. Adequate yearly progress is required to remain employed under an additional licensure plan.

I, _____ (educator), intend to complete the following coursework as required for the following Additional Licensure Plan (ALP) on file or attached:

Additional Licensure Plan for Subject Area: _____ Licensure Code: _____

Program of Study (ATTACH ADDITIONAL SHEET IF NECESSARY)

Name of Course (including those taken on ArkansasIDEAS)	Date or Semester To Be Taken	University Where Course Will Be Taken*

Testing

Praxis II Content Knowledge Exam	Date To Be Taken

*** I understand that this must be an Arkansas approved program of study. If I am completing an out-of-state program of study, I understand that licensure rules for reciprocity may apply and that I should consult with an ADE licensure advisor.**

Teacher's signature

Date

Printed Name of School or District Administrator

Signature of School or District Administrator

Date