

**ARKANSAS DEPARTMENT OF EDUCATION**  
**Age 3-4 Early Childhood Endorsement**  
**Additional Licensure Plan, area (517)**

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

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

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

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

Email address: \_\_\_\_\_ County: \_\_\_\_\_ School District: \_\_\_\_\_

School districts seeking to employ educators to teach out of field (not in the field in which the educator is currently licensed) will use the Additional Licensure Plan (ALP) to meet that need. School districts may use the ALP process to address unusual emergency situations when licensed educators are asked to teach in areas/levels for which they are not licensed. School districts may not exceed the six semester limit without possible penalty. **THIS AREA MAY NOT BE ADDED BY TESTING ONLY.**

**Eligibility Guidelines:** Educators must meet the following conditions:

- possess a standard Arkansas educator license in Elementary Education K-6,
- seek to add this area of licensure or endorsement, and
- be assigned to teach in this area rather than the one for which they are currently licensed

**Educators assigned to teach in this field of licensure must complete an approved performance-based program of study, as defined by an Arkansas university, and pass the required assessment(s) for the new licensure area. The additional area of licensure will be added to the credential when all licensure requirements are successfully completed and application is submitted bearing the signature of the university Licensure Officer, verifying completion of the program of study. Test scores and official transcript must be attached.**

**Required Assessments:**

Praxis II: #5024 Education of Young Children, cut score 160

NOTE: Praxis study companions are available on line from

<https://www.ets.org/praxis/prepare/materials> **Any educator wishing to take any Praxis assessment is strongly encouraged to obtain these study materials.**

**An applicant for this endorsement must enroll at a college or university that offers an approved Age 3-4 Early Childhood Endorsement program of study to obtain knowledge and skills in the following competency areas:**

**Recommended Content Background:**

- **Promoting Child Development and Learning**
- **Building Family and Community Relationships**
- **Observing, Documenting, and Assessing to Support Young Children and Families**
- **Using Developmentally Effective Approaches**
- **Using Content Knowledge to Build Meaningful Curriculum**
- **Becoming a Professional**
- **Early Childhood Field Experiences**

**Employing School District Guidelines:**

- The employing school district shall document a need to employ an educator out-of-field.

- The employing school district superintendent shall submit a waiver request and completed ALP form to the ADE Office of Educator Licensure *within 30 days of the out-of-area teaching assignment*, thus documenting the above statement.
- The employing school district understands that an educator working under this ALP shall make adequate yearly progress (as specified in the Rules Governing Educator Licensure) each year that the educator is employed in the out-of- area assignment.
- The employing school district understands that the educator will have no more than six consecutive semesters from the first date he/she was employed in the out-of-area assignment by any district to meet full licensure requirements for the additional licensure or endorsement being sought. A waiver request must be submitted each year the educator is employed out of area.

**School District Assurances:**

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

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

**Educator ALP Guidelines:**

Educators shall make adequate yearly progress (as specified in the Rules Governing Educator Licensure) each year that the educator is employed in the out-of-area assignment. If the educator EITHER leaves the ALP position OR doesn't complete the requirements within six consecutive semesters, he/she will NOT be eligible for employment again under an ALP for this area of licensure.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ S.S.#: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Arkansas Department of Education  
Office of Educator Licensure  
Four State Capitol Mall, Room 106 B  
Little Rock, AR 72201-1071

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Fax: 501.682.4898  
www.arkansased.org