

**ARKANSAS DEPARTMENT OF EDUCATION**  
**Physical Education/Health, Grades K-12 (area 500)**  
*Additional Licensure Plan*

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 three-year limit without possible penalty.

**Eligibility Guidelines:**

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

**For information on adding additional licensure areas by testing out or through a program of study and testing, please refer to the Department of Education website at <http://dese.ade.arkansas.gov/> and click on Educator Licensure, then Add Licensure Area to License. <http://dese.ade.arkansas.gov/>**

**Required assessments:**

- **Praxis II: Health & Physical Education, test #5857**  
**Minimum score required: 155**

NOTE: Test at a Glance (TAAG) study guide booklets 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.

**\*The following background is strongly recommended before attempting the Praxis testing:**  
**Recommended Content Background:**

Please refer to current competencies for the area.

<http://www.arkansased.org/divisions/human-resources-educator-effectiveness-and-licensure/educator-licensure-unit/educator-preparation/educator-competencies>

**Recommended Experience Background:**

- Demonstrated understanding and practice with selection of activities for particular purposes, including making decisions about the status and needs of students.
- Practice with locomotor, nonlocomotor, manipulative, concepts with students.
- Demonstrated understanding of safety and injury prevention, including methods, strategies, and resources for evaluation of student health behavior.

- Demonstrated practice with community health issues, such as causes and prevention, control and treatment.

**Employing School District Guidelines:**

- The employing district will document the need to assign an educator out of field.
- The employing 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-field 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 the Educator Licensure) each school 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 three school years 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 school 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 school year that the teacher is employed in the out-of-area assignment. If the educator EITHER leaves the ALP position OR doesn't complete the requirements within three consecutive years, 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 Capitol Mall, Room 106 B  
Little Rock, AR 72201-1071

Phone: 501.682.4342  
Fax: 501.682.4898

<http://dese.ade.arkansas.gov/>