

**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 " P-8 " 5-12

\_\_\_\_\_  
(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~~ 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**

March 14, 2018