



**ARKANSAS DEPARTMENT OF EDUCATION
ADMINISTRATOR LICENSURE COMPLETION PLAN
(ALCP)**

DISTRICT LEVEL ADMINISTRATOR K-12

Name: _____ S.S.# _____

Mailing Address: _____

City, State, Zip: _____ E-mail: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

The Administrator Licensure Completion Plan (ALCP) for District Level Administrator is the appropriate avenue for an individual who has been offered employment as a District Level Administrator prior to completion of state District Level Administrator licensure requirements. **Annual yearly progress must be completed each school year under an ALCP.**

Eligibility Guidelines: The applicant must meet the following conditions:

- Possess a current Arkansas Standard Educator's License.
- Possess a current Arkansas Standard Building Level or Curriculum/Program Administrator License.
- Be employed in a District Administrator position prior to completion of licensure requirements for District Level Administrator.
- Have at least 3 years of educational experience as specified in the Rules Governing Educator Licensure, and a minimum of one year licensed Building Level or Curriculum/Program Administrator experience.
- Enroll, and will participate, in a University's advanced degree or program of study that is reflective of the *Current Leadership Standards for District Level Administrator Licensure* with a timeline for completion within three years from the first date of employment by any district.

Institution of Higher Education: I verify the applicant:

- Holds a Current Arkansas Standard Educator's and Building Level or Curriculum Program Administrator's License**
- Is enrolled, and will be participating,** in a **program of study** based on his/her individual needs inclusive of an internship in this Administrator area and based on the *Current Leadership Standards for District Level Administrators*.

(Educational Leadership Program Chairperson Signature)

(Institution)

(Licensure Officer Signature)

Applicant's Initials _____

Employing School District Guidelines

The employing district shall:

- File a complete ALCP application form with the ADE Office of Professional Licensure within **thirty (30) days** of hiring an administrator via ALCP
- Verify the candidate holds a standard Arkansas Standard Educator’s and Building Level or Curriculum Program administrator’s license.
- Understand that an administrator working under this ALCP shall make adequate yearly progress (as specified in the Rules Governing Educator Licensure) each school year that the administrator is employed in the out-of area assignment. The administrator will have no more than six consecutive semesters from the first date he/she is employed in the out-of area assignment by any district to meet full licensure requirements for the District Administrator license.

*I verify the applicant is employed in this school district as a District Administrator and understand that the above statements are true and correct to the best of my knowledge.

(School District)

(Date of Hire/ALCP Activation Date)

(Authorized School District Representative Signature)

(Date Submitted)

Completion Requirements:

- Successfully complete the **advanced degree or program of study** (as stated above), including recommendation for licensure, **within three (3) years** of the first date of employment by any district.
- Pass the School Leadership Series Assessment: **School Superintendent Assessment #6021 (SSA) within three years** of beginning the ALCP. **Arkansas cut-score =160**
 - Note: Test at a Glance (TAAG) study guide booklets are available online via www.ets.org/praxis
Any teacher or administrator planning to take a School Leadership Series assessment is strongly encouraged to obtain these study materials.

* I understand that I shall make adequate yearly progress (as specified in the Rules Governing Educator Licensure) each school year that I am employed in the out-of area assignment. I will have no more than six consecutive three calendar years from the first date of employment by any district in the out of area assignment to meet full licensure requirements for the District Administrator license.

(Applicant Signature)

(Date)

RETURN COMPLETED ORIGINAL
FORM TO:
Arkansas Department of Education
Office of Educator Licensure
Four Capitol Mall, Room 106-B
Little Rock, AR 72201-1071

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

Keep a copy for your records

THE ALCP IS NON-RENEWABLE. IN THE EVENT THE APPLICANT FAILS TO COMPLETE ALL OBLIGATIONS OF THE ALCP WITHIN SIX CONSECUTIVE SEMESTERS OF HIRE, THE APPLICANT WILL BE UNABLE TO CONTINUE HOLDING THE POSITION OF AN ADMINISTRATOR.