



DIVISION OF ELEMENTARY & SECONDARY EDUCATION

DIGITAL LEARNING PROVIDER APPLICATION

Date of Application: _____

Name of Provider: _____

Provider Point of Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Website Address (If Applicable): _____

Is the applicant/provider nonsectarian and nondiscriminatory in its programs, employment practices and operations? Yes: _____ No: _____

Explain: _____

Subject areas for which the applicant/provider intends to offer digital learning courses:

Grade levels for which the applicant/provider intends to offer digital learning courses:

Will the applicant/provider partner with any organization in furnishing digital learning courses to public school students? Yes: _____ No: _____

If so, please provide the following:

Name of Partnering Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Website Address (If Applicable): _____

A prospective digital learning provider must demonstrate or partner with an organization that demonstrates successful experience in furnishing digital learning courses to public school students as demonstrated by student growth in each subject area and grade level for which it proposes to provide digital learning courses. Please explain how the applicant/provider meets this requirement. Attach supporting documentation as necessary.

A prospective digital learning provider must meet or exceed the minimum curriculum standards and requirements established by the State Board of Education and ensure instructional and curricular quality through a curriculum and accountability plan that addresses every subject area and grade level for which it agrees to provide digital learning courses. Please explain how the applicant/provider meets this requirement. Attach supporting documentation as necessary.

Please describe, in general, the qualifications of the applicant's/provider's teachers. Attach supporting documentation as necessary.

Digital learning courses shall be capable of being assessed and measured through standardized tests or local assessments. Please explain how the applicant/provider meets this requirement. Attach supporting documentation as necessary.

ACKNOWLEDGMENT

I certify that the foregoing information is true, accurate and complete. I understand that the requirements for being an approved digital learning provider in Arkansas are governed by Ark. Code Ann. § 6-16-1401 *et seq.* and the Arkansas Department of Education Rules Governing Distance and Digital Learning. I further understand that failure to comply with stated requirements could result in denial of this application or withdrawal of approval status.

Name of Applicant

Date

On Behalf Of:

Submit Completed Application To:

ATTN: Digital Learning Provider Applications
Arkansas Department of Education
Division of Learning Services
Four Capitol Mall
Little Rock, AR 72201