



**This portion is to be completed by Arkansas institutional officials only, *not by the applicant.***

**PROGRAM OF STUDIES VERIFICATION FOR PROVISIONAL/STANDARD LICENSURE**

This verifies that \_\_\_\_\_ has satisfactorily completed the requirements for

- Provisional NTL/TFA/Teacher Corps
  - Provisional NTL/MAT/MED/MTLL
  - Provisional (Missing AR. History or Testing)
  - Standard
- licensure in \_\_\_\_\_ Area(s) and Level(s) of Licensure

This applicant has completed the professional development required for initial licensure.

**OR**

**PROGRAM OF STUDIES VERIFICATION FOR ADDING AREAS OF LICENSURE**

This verifies that \_\_\_\_\_ has satisfactorily completed

- Program of study
- Degree requirements
- Required PRAXIS Assessment
- Internship
- Portfolio

for adding the additional area(s) of \_\_\_\_\_  
**Area(s) and Level(s) of Licensure**

\_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Institution Licensure Officer

COLLEGE SEAL

**FOR DEPARTMENT USE ONLY**

TYPE		LOWEST DEGREE		HIGHEST DEGREE	
YEAR _____	_____	_____ DEGREE CODE	_____	_____ DEGREE CODE	_____
TYPE _____	_____	_____ STATE CODE	_____	_____ STATE CODE	_____
Effective Date _____	_____	_____ ARKANSAS COLLEGE / UNIVERSITY CODE	_____	_____ ARKANSAS COLLEGE / UNIVERSITY CODE	_____
Expiration Date _____	_____	<b>Area and/or Level of Licensure</b>			
_____	_____	_____	_____	_____	_____