

NON-TRADITIONAL TEACHER LICENSURE PROGRAM

**APPLICATION FORM
(PLEASE PRINT OR TYPE)**

NAME, LAST: _____ **FIRST:** _____ **MIDDLE INITIAL:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE: (____) _____ **WORK PHONE:** (____) _____

EMAIL ADDRESS: _____

ETHNIC ORIGIN:

AREA OF STATE WILLING TO WORK:

White _____ Black _____
Hispanic _____ Other _____

Central _____ NW _____ SW _____
NE _____ SE _____ Any _____

EDUCATIONAL LEVEL: Bachelor _____ Master _____ Doctorate _____ Other _____

DATE OF DEGREE: Bachelor _____ Master _____ Doctorate _____ Other _____

NAME OF INSTITUTION(S): _____

DEGREE(S) AWARDED: _____

AREA(S) OF LICENSURE DESIRED: _____

PLEASE INCLUDE THE FOLLOWING ITEMS:

1. three (3) letters of reference,
2. all official college transcripts, and
3. a one page summary of work experience since graduation from College/University.
(Including volunteer work, community service, etc.)

I agree to the release of any evaluation documents and information from my district for the purpose of the evaluation of the Non-Traditional Teacher Licensure Program.

SIGNATURE OF APPLICANT

DATE

**MAIL APPLICATION WITH THE ABOVE ITEMS TO:
PROFESSIONAL QUALITY ENHANCEMENT
NON-TRADITIONAL TEACHER LICENSURE PROGRAM
ATTN: JIM CHISM
#4 STATE CAPITOL MALL
LITTLE ROCK, AR 72201**