

**Arkansas State University
Master of Arts in Teaching
Provisional License Recommendation for Employment**

Name: _____ A-State ID#: _____

The person identified above has been admitted to the Arkansas State University Master of Arts in Teaching (MAT) program. Because this person is admitted to the MAT program and has met requirements established by the Arkansas Department of Education, he/she may be recommended for a provisional Arkansas teaching license for up to three (3) years.

Prior to recommendation for the license and its issuance, the candidate must have the signature of the employing Arkansas superintendent (or designee). Please be advised that candidates in the A-State MAT program, who secure employment as a teacher, will require on-site mentoring by a licensed teacher. The candidate will also be supervised by A-State faculty during the final semester of enrollment in the MAT program.

NOTE: The candidate must be continually enrolled and in good standing in the program to retain the provisional license. In no event shall a Provisional License be issued for more than three (3) years.

The candidate must have completed the following requirements for provisional license:

To be completed by the MAT Teacher Candidate: ☐ Submission of Release of Confidential Information from Arkansas Child Maltreatment Registry ☐ Submission of Arkansas State Police and FBI background checks NOTE: MAT students are responsible for submitting and paying for all background checks as well as following up with the appropriate agencies to ensure timely processing. ADE will not issue your license until these are cleared.	To be verified by the PEP Office upon receipt of completed form: ☐ Admitted to and currently enrolled in the MAT program – circle one BTECH ELED MLED SPED ART ☐ Transcript indicating completion of completed bachelor's degree ☐ Completion of required Praxis exams for licensure area ☐ Completed Ethics Training Verification Form ☐ Completion of all professional development requirements on ArkansasIDEAS
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The completed section below indicates intent to hire the above-named MAT candidate.

_____ Superintendent (or designee) Printed Name	_____ MAT Candidate Employment Start Date
_____ Name of School District and School	
_____ School Address	_____ School Phone Number
_____ Subject(s) the MAT Candidate will teach	_____ Grade level(s) the MAT Candidate will teach
_____ Name of assigned Experienced Mentor Teacher (EMT)	_____ Subject(s) and grade level(s) EMT teaches
_____ Superintendent (or designee) Signature	_____ Date

Please return this form to MAT Candidate
to submit with other documentation required to submit for issuance of license.