



## **APPLICATION CHECKLIST FOR ARKANSAS TEACHER'S LICENSE IN Building Level Administrator P-12 or Curriculum/Program Administrator P-12**

**Degree or Certificate Conferral Dates MUST be posted before submitting application. This can take 4-8 weeks after graduation. You will receive an email when this process is complete.**

- ☐ Provide a **Verification of Teaching Experience**
  - To add an administrator area to your Arkansas teaching license, it is required by the Arkansas Department of Education that the applicant provides a signed verification of **at least three years of teaching experience**.
    - Building Level (Principal) and Curriculum Director – 3 years in any P-12 subject, school counselor or library media specialist
    - Gifted & Talented Director – 3 years in gifted & talented
    - Special Education Director – 3 years in special education, speech language pathology, occupational therapy, or school psychology
  - Please upload your verification to your online licensure application, or you may email your verification of experience to Mrs. Sara Woolard, [swoolard@astate.edu](mailto:swoolard@astate.edu).
- ☐ Send official transcripts to Arkansas Department of Education
  - Please be sure you have no holds so that you can request a transcript.
  - You can request your official transcript be sent electronically through National Student Clearinghouse by going to Banner9 Self Service or A-State's website: <https://www.astate.edu/academics/classes-and-registration/transcripts.html>
  - **It is the responsibility of the student to request transcripts**
- ☐ Complete online application
  - Log-on at <https://aels.ade.arkansas.gov/AELS/Account/TeacherLogin.aspx>
    - Select **Add an Area to My License**
    - Select **By Program of Study**
    - Select **Arkansas State University**
    - **Select the number that corresponds to the license you wish to add**
      - 276 – Build Level Admin: P-12
      - 278 – Curr/Prog Admin (GT): P-12 for GT Director
      - 280 – Curriculum Prog Adm/Curriculum: P-12 for Curriculum Director
      - 282 – Curr/Prog Admin (Spec Ed): P-12 for SPED Director
    - Double-check that the appropriate area is selected
    - Click Continue
    - Complete the information requested on the pages that follow

**PROCESS:**

Once your application has been submitted, Mrs. Sara Woolard, Educator Licensure Specialist at Arkansas State University, will review for confirmation of recommendation from Dr. Mary Elizabeth Spence, the Professional Licensure Officer. This review process could take from 1-5 days, depending on the licensure workload.

You will receive an email from Mrs. Woolard regarding any missing information.

To check the status of your license, you may visit the Arkansas Department of Education's Licensure website (<https://aels.ade.arkansas.gov/AELS/>).

Please use the contact information below if you have any questions regarding licensure:

Mrs. Sara Woolard  
[swoolard@astate.edu](mailto:swoolard@astate.edu)  
870-972-2099

Dr. Mary Elizabeth Spence  
[mspence@astate.edu](mailto:mspence@astate.edu)  
870-972-2099



## Verification of Teaching Experience

This form is for licensure purposes for Arkansas State University students only.

To be recommended for licensure in an administrative area  
applicants must provide a signed verification they have the required experience.

### I: APPLICANT INFORMATION

|                 |  |  |               |                     |  |
|-----------------|--|--|---------------|---------------------|--|
| Name            |  |  |               | A-State Student ID# |  |
| Mailing Address |  |  |               |                     |  |
| Phone Number    |  |  | Email Address |                     |  |

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### II: EMPLOYMENT INFORMATION

| Subject/Area Taught                   | Grade Level(s) | Start Date | End Date         | Total Years |
|---------------------------------------|----------------|------------|------------------|-------------|
|                                       |                |            |                  |             |
|                                       |                |            |                  |             |
|                                       |                |            |                  |             |
| Date of Summative Evaluation:         |                |            |                  |             |
| Effective Teacher Status (circle one) |                | Effective  | Highly Effective |             |

### III: EMPLOYER INFORMATION

|                 |  |  |  |
|-----------------|--|--|--|
| School District |  |  |  |
| School Name     |  |  |  |
| School Address  |  |  |  |

Street

City, State

Zip

\_\_\_\_\_  
Name of Administrator

\_\_\_\_\_  
Administrator's Position  
(Superintendent/Principal/HR Officer)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date