

**Arkansas State University
Pre-K Teacher Academy
Provisional License Recommendation for Employment**

Name: _____ A-State ID#: _____

The person identified above has been admitted to the Pre-K Teacher Academy at Arkansas State University. Because this person is admitted to Pre-K Teacher Academy and has met requirements established by the Arkansas Department of Education – Division of Elementary and Secondary Education, he/she may be recommended for a provisional Arkansas teaching license.

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 Pre-K Teacher Academy will require on-site mentoring by a licensed teacher during the internship semesters. The candidate will also be supervised by A-State faculty during both semesters of enrollment in the Pre-K Academy program internship.

NOTE: The candidate must be continually enrolled and in good standing in the program to retain the provisional license.

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

To be completed by the 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 Pre-K Academy program ☐ Official transcript indicating completion of bachelor's degree if NOT completed at A-State ☐ Successful completion of required Praxis Subject Area Assessment(s) ☐ Completion of professional development requirements ☐ Completed Ethics Training Verification Form
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The completed section below verifies employment of the above-named Pre-K Academy 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 the Teacher Candidate
to submit with other documentation for issuance of license