

REQUEST FOR 15 HRS. CREDIT FOR PROFESSIONAL DEVELOPMENT

Name _____ SS# _____

Mailing Address _____

City, State, Zip _____

If teaching, what area of licensure do you currently teach? _____

Course No. and Title _____

University _____ No. of Credit Hours _____

This course was taken _____ / will be taken _____
date date

I certify that the above statements are true and correct to the best of my knowledge.

Teacher Applicant _____

School District Authority _____

FOR DEPARTMENT USE ONLY

Reviewed by _____ Date _____

Course Approved _____ for _____ hours credit for the _____ school year.

Course Disapproved _____


Reasons for disapproval:

_____ As per rule 4.04.1 – This course does not relate to and enhance the teacher’s knowledge of the subject area in which the teacher is currently teaching.

_____ As per rule 4.04.2 – This course is not in a shortage area.

_____ The professional development request form is incomplete.

_____ Other _____



ARKANSAS DEPARTMENT OF EDUCATION

Return to:
Arkansas Department of Education
Professional Licensure Office
Four State Capitol Mall, Room 106B
Little Rock, AR 72201