

This portion is to be completed by Arkansas institutional officials only, *not by the applicant.*

PROGRAM OF STUDIES VERIFICATION FOR PROVISIONAL/INITIAL LICENSURE

This verifies that _____ has satisfactorily completed the requirements for provisional/initial licensure in _____
 Area(s) and Level(s) of Licensure

OR

PROGRAM OF STUDIES VERIFICATION FOR ADDING AREAS OF LICENSURE

This verifies that _____ has satisfactorily completed

- Program of study Degree requirements Required PRAXIS Assessment
- Internship Portfolio

for adding the additional area(s) of _____
 Area(s) and Level(s) of Licensure

 Institution

 Date

 Institution Licensure Officer

COLLEGE SEAL

FOR DEPARTMENT USE ONLY					
TYPE		LOWEST DEGREE		HIGHEST DEGREE	
YEAR _____	_____	_____ DEGREE CODE	_____	_____ DEGREE CODE	_____
TYPE _____	_____	_____ STATE CODE	_____	_____ STATE CODE	_____
Effective Date _____	_____	_____ ARKANSAS	_____	_____ ARKANSAS	_____
Expiration Date _____	_____	_____ COLLEGE CODE	_____	_____ COLLEGE CODE	_____
Area And/Or Level of Licensure					