

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 _____ Number 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 _____

Dr. Kathleen Cates

FOR DEPARTMENT USE ONLY

Reviewed by _____ Date _____

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

Course Not Eligible _____

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.

_____ Please use one request form per course.

_____ Other _____

Any course used for professional development must be taken within the fiscal year for which it is counted. Only 30 hrs. per year may be approved for coursework.

Please send this form and an official transcript to Dr. Kathleen Cates. Dr. Cates will review and return to you. You will then mail to:

Arkansas Department of Education
Professional Licensure Office
Four State Capitol Mall, Room 106B
Little Rock, Ark. 72201