

**Arkansas State University
Master of Arts in Teaching
Provisional License Recommendation for Employment**

Name: _____ A-State ID# _____

The person identified above has been admitted to the Arkansas State University Master of Arts in Teaching (MAT) program. Because this person is admitted to the MAT program and has met requirements established by the Arkansas Department of Education, he/she may be recommended for a provisional Arkansas teaching license for up to three (3) years.

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 MAT program, who secure employment as a teacher, will require on-site mentoring by a licensed teacher. The candidate will also be supervised by A-State faculty during the final semester of enrollment in the MAT program. NOTE: The candidate must be continually enrolled and in good standing in the program to retain the provisional license. In no event shall a Provisional License be issued for more than three (3) years.

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

<p>To be completed by the Teacher Candidate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submission of Release of Confidential Information from Arkansas Child Maltreatment Registry <input type="checkbox"/> Submission of Arkansas State Police and FBI background checks <p>NOTE: MAT students are responsible to submit and pay for all background checks as well as to follow up with the appropriate agencies to ensure timely processing. ADE will not issue your license until these are cleared.</p>	<p>To be verified by the PEP Office upon receipt of completed form:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Admitted to and currently enrolled in the MAT program – circle one (BTECH/ELED/MLED/SPED/ART) <input type="checkbox"/> Official transcript indicating completion of bachelor's degree if NOT completed at A-State <input type="checkbox"/> Successful completion of required Praxis Subject Area Assessment(s) <input type="checkbox"/> Completion of professional development Requirements <input type="checkbox"/> Completion of ethics training
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The completed section below indicates intent to hire the above named MAT candidate.

Superintendent (or designee) Printed Name

MAT Candidate Employment Date

School and District Name

School Address and Phone Number

Subject(s) the applicant will teach

Grade level(s) the applicant will teach

Assigned Clinical Supervisor (Site/Classroom Mentor)

Content Area and Grade Level of Site Mentor

Superintendent (or designee) Signature

Date

**Please return this form to MAT Candidate
to submit with other documentation required
to submit for issuance of license**