



**Professional Education Program Proposal
COVER SHEET**

Institution: _____ **Date Submitted:** _____

Program Contact Person: _____

Position/Title: _____ **Phone:** _____ **Email:** _____

Name of program: _____ **CIP Code:** _____

Degree or award level (B.S., M.A.T., graduate non-degree, etc.): _____

Indicate the title and grade range of the license for which candidates will be prepared:

Title: _____ **Grade Range:** _____

Proposal is for:

- ___ **New First-Time Licensure Program** (Complete Section A)
- ___ **New Educator Licensure Endorsement Program** (Complete Section B)
- ___ **Revision(s) to Approved Licensure Program** (Complete Section C)
- ___ **Deletion of Approved Licensure Program** (Complete Section D)
- ___ **Revision to add Year-Long Residency Only** (Complete Year-Long Protocol)

Indicate the portion of the proposed program to be delivered via Distance Learning Technology (online): _____ %

Proposed program starting date: _____

Will this program be offered at more than one site? Yes No

If yes, list the sites where the program will be offered:

Prior approval by AHECB is required for Arkansas public institutions and institutions certified under Ark. Code Ann. §6-61-301 to offer programs at off-campus sites.