

Professional Education Program Proposal COVER SHEET

Institution:	Date Submitted:	
Program Contact Person:		
		Email:
Name of program:		CIP Code:
Degree or award level (B.S., M	M.A.T., graduate non-degree,	, etc.):
Indicate the title and grade ra	ange of the license for which o	candidates will be prepared:
Title:	Grade Range:	
New Educator LiceRevision(s) to AppDeletion of Appro	cicensure Program (Complete censure Endorsement Program proved Licensure Program (Coved Licensure Program (Cor ear-Long Residency Only (C	Complete Section B) Complete Section C) mplete Section D)
Indicate the portion of the pro Technology (online):	1 1 0	ed via Distance Learning
Proposed program starting da	ate:	
Will this program be offered	at more than one site?	Yes □No
If yes, list the sites when	re the program will be offered:	
Prior approval by AHECB is reunder Ark. Code Ann. §6-61-30		stitutions and institutions certified pus sites.