



**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.*