

**REQUEST FOR 15 HRS. CREDIT FOR PROFESSIONAL DEVELOPMENT**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street  
City State Zip

If teaching, what area of licensure do you currently teach? \_\_\_\_\_

Course No. \_\_\_\_\_ 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 \_\_\_\_\_

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**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. An official transcript showing course completion must be provided at the time of renewal to either the employing school district or the Arkansas Department of Education.*

 ARKANSAS DEPARTMENT OF EDUCATION  
Return to:  
Arkansas Department of Education  
Professional Licensure Office  
Four State Capitol Mall, Room 106B  
Little Rock, AR 72201