

**ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION**  
**501 WOODLANE, SUITE 312 SOUTH**  
**LITTLE ROCK, AR 72201**  
**PHONE (501) 683-8000**  
**FAX (501) 683-8050**  
**E-MAIL [sbpce@arkansas.gov](mailto:sbpce@arkansas.gov)**  
**WEBSITE [www.sbpce.org](http://www.sbpce.org)**

**BOARD USE ONLY**  
**APP Processed by \_\_\_\_\_**  
**APP Reviewed by \_\_\_\_\_**

**FORM 1010 – ORIGINAL CAREER SEMINAR SCHOOL LICENSE**  
**LIST OF PROGRAMS**

**No Fee**

**Schools seeking original licensure must complete and submit this document with FORM 1000 – ORIGINAL LICENSE APPLICATION. Schools already licensed do not need to submit this form, but must submit a completed FORM 2015 – NEW PROGRAM OF STUDY LIST FOR CAREER SEMINAR SCHOOL in order to be licensed for additional programs.**

NAME OF SCHOOL				
ADDRESS (LOCATION)				
CITY		STATE		ZIP

1. List below in alphabetical order the program(s) you propose to offer, as well as the length and total cost of the program(s).  
(Total Cost = Registration Fee + Tuition)
2. Indicate if these programs are  Clock Hours or  Credit Hours
3. Does any program require additional student fees (textbook, equipment, etc.)?  **YES**  **NO** If **YES**, what is the highest additional fee charged in any program? \$

**(Lines will expand as needed)**

**ATTACH ADDITIONAL FORM 1010 PAGES AS NEEDED.**

Program Title	Length of Program	Registration Fee	Tuition	Total Cost of Program


COMPLETED BY		TITLE	
--------------	--	-------	--