

**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**  
 CK or MO # \_\_\_\_\_  
 Date CK/MO \_\_\_\_\_  
 Rec'd \$ \_\_\_\_\_  
 R# \_\_\_\_\_  
 Posted by \_\_\_\_\_  
 APP Processed by \_\_\_\_\_  
 APP Reviewed by \_\_\_\_\_

**Board Use Only:**

License Number	Issue Date	Temp. Expire	Perm. Expire
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**FORM 5000 ADMISSIONS REPRESENTATIVE ORIGINAL APPLICATION**

**Fee \$375**

**(Lines will expand as needed)**

LAST NAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS		
HOME CITY	STATE	ZIP
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	
NAME OF SCHOOL		
ADDRESS (LOCATION)		
CITY	STATE	ZIP
DATE EMPLOYED		

**In accordance with Arkansas Code Annotated § 6-51-609 (d):**

**(d) An applicant or an Admissions Representative's license must:**

1. Be at least eighteen (18) years of age;
2. Be a high school graduate or hold a GED certificate
3. Not have been convicted in any jurisdiction of a felony, Class A Misdemeanor or a crime involving an act of violence for which a pardon has not been granted;
4. Be a citizen of the United States;
5. Not have been discharged from the armed services of the United State under other than honorable conditions; **AND**
6. Be in compliance with any other reasonable qualifications that the board may fix by rule.

**In order to process this application, the following items shall be attached:**

1. Proof of not less than a **High School Diploma or GED**.
2. One (1) **Passport Photograph** sized 2" X 2".
3. A copy of the applicant's **current drivers license or identification verifying age**.
4. A completed **FORM 6050 – ARKANSAS STATE POLICE IDENTIFICATION BUREAU INDIVIDUAL RECORD CHECK with appropriate fees**.
5. One completed **FBI FINGERPRINT CARD** supplied by **SBPCE**.
6. The **fee of \$375** for a two-year license for the first location and a **fee of \$250** for each additionally licensed location of this chain.

**Answer the following questions by marking the appropriate box:**

**YES**    **NO**  
 **YES**    **NO**

Are you a citizen of the United States?

Have you ever been discharged from the armed services of the United States?  
**If YES, attach a copy of your DD214.**

**YES**    **NO**

Have you ever been involved in an incident, regardless of location or jurisdiction, whether as an adult or child, that would be reported on a State Police or FBI background check?

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete, and accurate, and I affirm that I have read the Arkansas Code Annotated § 6-51-601 et.al. and Regulations of the State Board of Private Career Education and that, if a license is granted, I will operate in compliance with the laws of Arkansas and the Regulations of the State Board of Private Career Education.

Printed Name of Admissions Representative	Signature of Admissions Representative <b>(Sign in Blue Ink)</b>	Date

Printed Name of School Official	Title of Official
Signature of School Official <b>(Sign in Blue Ink)</b>	Date