ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
612 SOUTH SUMMIT STREET, SUITE 102
LITTLE ROCK, AR 72201-4740
PHONE (501) 683-8000 EMAIL sbpce@mail.state.ar.us FAX (501) 683-8020

FORM 3100

INSTRUCTOR REGISTRATION LIST – ORIGINAL APPLICATION

NAME OF SCHOOL _____

LIST IN ALPHABETICAL ORDER THE NAME OF EACH INSTRUCTOR AND ATTACH THE APPROPRIATE INSTRUCTOR RECORD OF QUALIFICATIONS FORM.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that these are the instructors currently employed. I further certify that the name and qualifications of each additional instructor employed shall be supplied to the Board staff within thirty (30) calendar days of employment on the form and in the manner prescribed.

_____
Typed Name of Official Title

_____
Signature of Official Date