



ARKANSAS ASSESSMENT COORDINATION DEPARTMENT

900 West Capitol Avenue - Suite 320
Little Rock, Arkansas 72201

Phone: 501-324-9240
Fax: 501-324-9242

ArkansasAssessment.com



APPLICATION FOR ADMISSION
ARKANSAS
ASSESSMENT TRAINING PROGRAM

All portions of this application must be filled out completely. Our evaluation of your education and experience will be based solely upon the information provided in this application.

(Please Print or Type)

Name _____ Date of Birth _____

Your Title _____

Jurisdiction or Employer _____

Send Mail to: (Check One) Office Address _____ or Home Address _____

Street Address: _____

City: _____ County: _____ State: _____ Zip _____

Home Phone Number: _____ Office Phone Number: _____

E-mail address: _____

TRACK

(Check One) Appraisal _____ Administrative _____

AFFILIATIONS

List national/international professional assessment/appraisal organizations to which you belong.

Three horizontal lines for listing affiliations.

**APPLICATION FOR ADMISSION
PAGE TWO**

List any assessment or appraisal professional designations that you presently hold. Please provide the full name of designation(s), conferring organization, and date received.

List state/local assessment/appraisal organizations to which you belong.

EXPERIENCE

Please provide a complete work history for the past ten (10) years. List current and prior employment whether or not they were related to assessment or appraisal. **Start with your present employer.**

Employer _____ from (mo/yr) _____ to (mo/yr) _____

Address _____ City _____ State _____

Job Title _____ Business Type _____

Description of your duties _____

Employer _____ from (mo/yr) _____ to (mo/yr) _____

Address _____ City _____ State _____

Job Title _____ Business Type _____

Description of your duties _____

Employer _____ from (mo/yr) _____ to (mo/yr) _____

Address _____ City _____ State _____

Job Title _____ Business Type _____

Description of your duties _____

**APPLICATION FOR ADMISSION
PAGE THREE**

EDUCATIONAL BACKGROUND

High School: Did you graduate? Yes _____ No _____ Year Graduated _____

College or University:

Name	City/State	Dates	Major	Degree

Trade or Special Schooling:

Name of School	City/State	Subject	Dates

Professional appraisal/assessment courses taken:

Name of Course	Organization Giving Course	Dates

Note: Documentation of appraisal/assessment courses is required for credit. Attach a copy of certificate or other document showing proof of completion for all courses listed.

I certify that all of the information given herein is true and complete to the best of my knowledge and belief. I understand that false statements made in this application will be grounds for non-acceptance of this application or suspension from the Arkansas Assessment Coordination Department Training Program.

Signature _____ Date _____

THE ARKANSAS ASSESSMENT COORDINATION DEPARTMENT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.,