

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
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BOARD USE ONLY
 CK or MO # _____
 Date CK/MO _____
 Rec'd \$ _____
 R# _____
 Posted by _____
 APP Processed by _____
 APP Reviewed by _____

FORM 1080 - EXTENSION COURSE SITE LICENSE APPLICATION

Fee \$150

This form is not applicable to clinicals, externships, or internships.

Do any of the course(s) to be offered at this location last longer than six months? **YES** **NO**
 If **YES**, complete **FORM 1000 – ORIGINAL LICENSE APPLICATION**. If **NO**, submit this form.

(Lines will expand as needed)

NAME OF SCHOOL FOR WHICH THIS EXTENSION COURSE SITE IS BEING SOUGHT:					
CURRENT SCHOOL ADDRESS (LOCATION)					
CITY		STATE		ZIP	
EXTENSION COURSE SITE ADDRESS (LOCATION)					
CITY		STATE		ZIP	
PROPOSED START DATE OF COURSE(S) AT THIS SITE					
PROPOSED END DATE OF COURSE(S) AT THIS SITE					

PROGRAM TITLE	NAME OF COURSE(S) IN THIS PROGRAM TO BE OFFERED AT THIS LOCATION

FIRE INSPECTION

Submit a copy of a **Fire Inspection Report** that has been completed within the past twelve (12) months for this Extension Course Site.

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 the Rules 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 Official		Title	
Signature of Official (Sign in Blue Ink)		Date	