

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
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APP Processed by _____
APP Reviewed by _____

FORM 2040B – BAIL BONDSMAN EDUCATION
COURSE OUTLINE

FEE: \$50

Complete one (1) form for each Course to be offered.

NAME OF SCHOOL				
ADDRESS (MAILING)				
CITY		STATE	ZIP	
TELEPHONE NUMBER		TOLL-FREE NUMBER		
WEBSITE	E-MAIL ADDRESS			
FAX NUMBER				
NAME OF ADMINISTRATIVE OFFICIAL				
COURSE TITLE				
COST OF COURSE TO STUDENT				TBD

A. Indicate the type of program.

- 8 Hours of Bail Bondsman Prelicense Education – Classroom
- 6 Hours of Bail Bondsman Continuing Education – Classroom
- 8 Hours of Bail Bondsman Prelicense Education – Online
- 6 Hours of Bail Bondsman Continuing Education – Online

B. INSTRUCTORS - Have/Has the instructor(s) for this course outline previously been approved? **YES** **NO** If **NO**, submit **FORM 3010 – INSTRUCTOR BAIL BONDSMAN** with appropriate fee.

C. GUEST SPEAKER - For each Guest Speaker or Panel Member, complete **FORM 3090B – Panel, Member, or Guest Speaker Registration for Bail Bondsman Education** and maintain at your school.

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form, including attached sheets, are true, complete, and accurate. I affirm that I have read Arkansas Code Annotated § 6-51-601 et.al. and the Regulations of the State Board of Private Career Education. 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		Date	

