

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
WEBSITE www.sbpce.org

BOARD USE ONLY
CK or MO # _____
Date CK/MO _____
Rec'd \$ _____
R# _____
Posted by _____
APP Processed by _____
APP Reviewed by _____

FORM 3010 - INSTRUCTOR RECORD OF QUALIFICATIONS BAIL BONDSMAN

FEE \$50

SBPCE Rules and Regulations, Section XXV

(Lines will expand as needed)

NAME OF INSTRUCTOR		DATE EMPLOYED AS INSTRUCTOR	
NAME OF SCHOOL			
ADDRESS (LOCATION)			
CITY	STATE	ZIP	

SELECT THE PROGRAM(S) IN WHICH THIS INSTRUCTOR WILL BE TEACHING:

- 8 Hours Pre-licensing 6 Hours Continuing Education

Arkansas Code Annotated § 6-51-601 et.seq. and Regulations require that bail bondsman instructors shall be qualified by meeting one of the following options. Panel discussion/guest speakers must complete and submit **Form 3090B – Panel Member or Guest Speaker Registration for Bail Bondsman Education**

Check only ONE (1) option by which the instructor is qualified to teach in the program as listed above.

<input type="checkbox"/>	(1)	Hold not less than a baccalaureate degree in a field directly related to the subject in which teaching. (ATTACH TRANSCRIPT)
<input type="checkbox"/>	(2)	(a) Hold not less than an associate degree in a field directly related to the subject in which teaching. (ATTACH TRANSCRIPT) and (b) Have one (1) year of on-the-job training directly related to the subject in which teaching.
<input type="checkbox"/>	(3)	(a) Hold not less than a high school diploma or GED. (ATTACH TRANSCRIPT, DIPLOMA, OR GED CERTIFICATE) and (b) Have completed a program(s) of instruction at a recognized school in a field directly related to the program(s) in which teaching. (ATTACH A COPY OF THE CERTIFICATE SHOWING COMPLETION OF PROGRAM) and (c) Have three (3) years of on-the-job training directly related to the subject in which teaching.
<input type="checkbox"/>	(4)	(a) Hold not less than a high school diploma or GED. (ATTACH TRANSCRIPT, DIPLOMA, OR GED CERTIFICATE) and (b) Have seven (7) years of on-the-job training directly related to the subject in which teaching. (c) Hold the appropriate certificate, license, or rating if the occupation is one requiring certification, licensing, or rating. Attach a copy of the appropriate certification, license or rating for the instructor if the occupation requires it.

EXPERIENCE THAT INCLUDES TEACHING, TRAINING, CLINICALS, INTERNSHIPS, EXTERNSHIPS, OR INSTRUCTING WILL NOT BE CONSIDERED AS WORK EXPERIENCE. LIST ALL PRIOR WORK HISTORY BEGINNING WITH THE MOST RECENT EXPERIENCES THAT ARE RELATED TO THE PROGRAM TEACHING.

PLACE OF EMPLOYMENT			
ADDRESS (LOCATION)			
CITY	STATE	ZIP	PHONE NUMBER

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)	
--------------------	--

CITY		STATE		ZIP		PHONE NUMBER	
------	--	-------	--	-----	--	--------------	--

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)	
--------------------	--

CITY		STATE		ZIP		PHONE NUMBER	
------	--	-------	--	-----	--	--------------	--

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)	
--------------------	--

CITY		STATE		ZIP		PHONE NUMBER	
------	--	-------	--	-----	--	--------------	--

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)							
CITY		STATE		ZIP		PHONE NUMBER	
NAME UNDER WHICH EMPLOYED				START DATE (MM/YYYY)		END DATE (MM/YYYY)	
TITLE OF POSITION HELD				Supervisor's Name			
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED							

PLACE OF EMPLOYMENT							
ADDRESS (LOCATION)							
CITY		STATE		ZIP		PHONE NUMBER	
NAME UNDER WHICH EMPLOYED				START DATE (MM/YYYY)		END DATE (MM/YYYY)	
TITLE OF POSITION HELD				Supervisor's Name			
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED							

PLACE OF EMPLOYMENT							
ADDRESS (LOCATION)							
CITY		STATE		ZIP		PHONE NUMBER	
NAME UNDER WHICH EMPLOYED				START DATE (MM/YYYY)		END DATE (MM/YYYY)	
TITLE OF POSITION HELD				Supervisor's Name			
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED							

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.

Printed Name of Official		Title	
Signature of Official		Date	

Printed Name of Instructor		Title	
Signature of Instructor		Date	