State of Nevada
Department of Education
Division of Educator Effectiveness & Family Engagement

Alternative Route to Licensure Provider Modification Request Form

This form is to be used only if there are non-substantive modifications

I. General Information
Name of Institution/Organization ___________________________ Name of Program(s) ___________________________
Name of Primary Contact __________________________________
Mailing Address __________________________________________ Phone ___________________________
Fax ___________________________ Email ___________________________

II. Program Licensure Areas: Indicate the licensure area(s) for which your institution/organization has been approved and is requesting a modification. (NAC 391.0573)
☐ Early Childhood Education (Birth to Grade 2)
☐ Elementary (Grades K-8)
☐ Secondary (Grades 7-12)
  ☐ Biological Science ☐ Physical Science
  ☐ Mathematics ☐ Language Arts
  ☐ Art ☐ Social Studies
  ☐ Music ☐ Foreign Language (specify) ________________
  ☐ Other Secondary Content Area(s) (specify) ________________
☐ Special Education
  ☐ Generalist ☐ Early Childhood Developmentally Delayed
  ☐ Autism ☐ Intellectual Disabilities
  ☐ Other (specify) ________________
☐ All Grades (Grades K-12)
  ☐ Music ☐ Art
  ☐ Physical Education ☐ Other (specify) ________________
  ☐ Administrator

III. Type of modification requested:
☐ Course title change. (Please explain) ___________________________
☐ Praxis test change. (Please Explain) ___________________________
☐ Course Substitution. (Please Explain) ___________________________
  ➢ Course Substitution requires verification of an approved curriculum by The Nevada State Board of Education.

IV. Authorizing Signatures attesting the above information is accurate.
Name: ___________________________ Title: ___________________________
Telephone: ___________________________ E-mail: ___________________________
Authorizing Signature (or designee) ___________________________ Date: ___________________________

☐ School District Superintendent ☐ Institution/Organization CEO ☐ University/College Dean of Education

Name: ___________________________ Title: ___________________________
Telephone: ___________________________ E-mail: ___________________________

ARL Program Director Signature (or equivalent official) ___________________________ Date: ___________________________
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Signatures on this application indicate acknowledgement of the conditions below and agreement to adhere to NAC 391.461 and NAC 391.057, 391.0575, and 391.0577:

The provider is responsible for:

- adhering to the participant screening procedure outlined in the application and ensuring all participants hold the minimum qualifications.
- following the program approved by the Commission and contacting the Nevada Department of Education concerning any and all possible deviations from the approved program.
- following through with all training outlined in the program once a participant is accepted. At no time is the provider permitted to suspend training or request any licensee extensions from the Office of Educator Licensure.
- advising accepted participants of all conditions required for successful completion of their programs. Department staff will not advise participants about provider program requirements.
- informing participants of all necessary requirements/documents needed to apply for their ARL/Conditional licensure, as well as requirements/documents needed to apply for a standard license upon successful completion of the program.
- ensuring that all staff members who will be in a school setting and left alone with any students in grades PreK - 12 are fingerprinted. Provider to conduct a background check and review a criminal history report of their staff members who will be in a school setting. Staff members who have been convicted of a crime involving moral turpitude will not be allowed in a school. However, if the provider determines the conviction is not related to their position and does not present a risk to children they will be allowed into the classroom.
- providing the Office of Educator Development & Support with names and areas of licensure of participants who:
  - are accepted into their approved program(s).
  - complete all requirements necessary for ARL/Conditional licensure and pre-hire eligibility:
    - outlined in NAC 391.057; and
    - training, testing, and/or school-based experiences required by provider.
  - fail to complete the program, including the exact date the participant was released from the program and the reason for the participant’s dismissal.
  - successfully complete the program, including the exact date of completion.

The Division of Educator Effectiveness & Family Engagement is responsible for:

- issuing conditional three-year Nevada licenses to all participants who have been accepted into an approved provider program, met initial conditional licensure requirements, and submitted a license application.
- invalidating all conditional licenses once notification of a participant’s termination from an approved program.
- collecting, maintaining, and disseminating all data required by Nevada regulations.
- issuing a standard Nevada license to all participants who have successfully completed an approved program, met licensure requirements, and submitted a license application.
- evaluating and auditing approved provider programs.