



ARKANSAS ASSESSMENT COORDINATION DIVISION

Located: 1900 West 7th Street – Room 2140 / Little Rock, Arkansas 72203

Mail: DFCA ACD PO Box 8022 / Little Rock, Arkansas 72203

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

ArkansasAssessment.com



Sandra Cawyer
Executive Director

**APPLICATION FOR ADMISSION
ARKANSAS ASSESSMENT TRAINING PROGRAM**

All portions of this application must be filled out completely.

Name _____ Date of Birth _____

Your Title _____

Jurisdiction or Employer _____

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

Street Address: _____

City: _____ County: _____ State: _____ Zip _____

Home Phone Number: _____ Office Phone Number: _____

E-mail address: _____

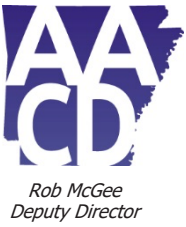
• TRACK •

(Check One with X) Appraisal _____ Administrative _____

• AFFILIATIONS •

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

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



ARKANSAS ASSESSMENT COORDINATION DIVISION

Located: 1900 West 7th Street – Room 2140 / Little Rock, Arkansas 72203

Mail: DFCA ACD PO Box 8022 / Little Rock, Arkansas 72203

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

ArkansasAssessment.com



*Sandra Cawyer
Executive Director*

APPLICATION FOR ADMISSION: PAGE TWO

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 _____

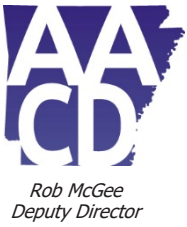
Description of your duties _____

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

Address _____ City _____ State _____

Job Title _____ Business Type _____

Description of your duties _____



ARKANSAS ASSESSMENT COORDINATION DIVISION

Located: 1900 West 7th Street – Room 2140 / Little Rock, Arkansas 72203

Mail: DFCA ACD PO Box 8022 / Little Rock, Arkansas 72203

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

ArkansasAssessment.com



Sandra Caywer Executive Director

APPLICATION FOR ADMISSION: PAGE THREE

• EDUCATIONAL BACKGROUND •

High School: Did you graduate? (Check One with X) Yes ___ No ___ Year Graduated _____

College or University:

Table with 5 columns: Name, City/State, Dates, Major, Degree

Trade or Special Schooling:

Table with 4 columns: Name of School, City/State, Subject, Dates

Professional appraisal/assessment courses taken:

Table with 3 columns: 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. I understand that entering my name below in this application is recognized as an official signature.

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.,