



School of Education
College of Education and Health Professions

Background Check Process

Students will NOT be permitted to enter any school setting before obtaining an approved background check status in the Arkansas Educator Licensure System: https://adeaels.arkansas.gov/Aelsweb/Search.aspx

If you were not able to complete the background check process during the School of Education Night, then you should follow the steps below to complete your background check at the Arkansas Department of Education (ADE).

You will pay for your background check and complete the new Online Consent Form at this link https://tinyurl.com/jkt2yww by following the instructions at this link.

IMPORTANT! The background check process has changed recently, and you will now complete the Online Consent Form for FBI and State Police background checks at the time of payment.

Step One: Fill out the online consent form. The drop down choices for reasons for fingerprinting have been renamed, and you should choose: EDUC Teacher (Pre-Service). You will choose the Arkansas Department of Education as your School District/Location.

Step Two: Once you complete the Online Background Check Consent Form, you must PRINT the form and bring it to the fingerprinting location. Write down your Transaction Control Number after you pay and bring it with you to the fingerprinting site of your choice, as well.

Step Three: The Central Registry Check form must be completed with a notary present.

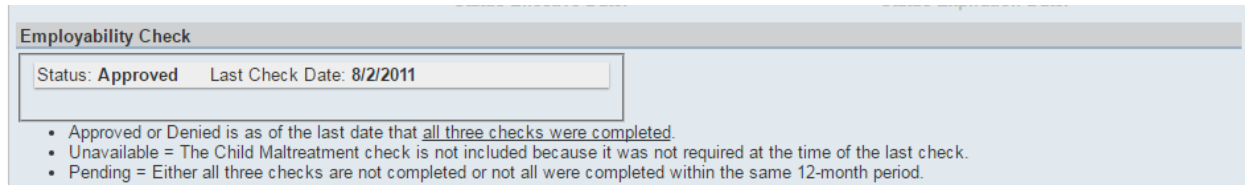


The ADE has one on staff, so if you are going there to be fingerprinted, wait until you arrive to complete that form. Once complete, mail the form to the address circled on the form at the left with a \$10.00 check

Step Four: Go to the Arkansas Department of Education, sign in at the front desk, and tell them you are there for

fingerprinting and to complete the background check process. The ADE is located at #4 State Capitol Mall, Little Rock, AR 72201. Their building, the Arch Ford Building, is behind the Capitol Building. You may only enter through the front door at the center of the building.

**Step Five:** Notify the Director of Teacher Licensure and Placement when your Employability Check in the Arkansas Educator Licensure System (<https://adeaels.arkansas.gov/AelsWeb/Search.aspx>) reads “Approved” or “Pending”.



The screenshot shows a web interface titled "Employability Check". It features a status box with the text "Status: Approved" and "Last Check Date: 8/2/2011". Below this box is a legend with three bullet points:

- Approved or Denied is as of the last date that all three checks were completed.
- Unavailable = The Child Maltreatment check is not included because it was not required at the time of the last check.
- Pending = Either all three checks are not completed or not all were completed within the same 12-month period.

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## ARKANSAS DEPARTMENT OF EDUCATION

### NEW ONLINE BACKGROUND CHECK CONSENT FORM INSTRUCTIONS:

A paper consent form is no longer required – it has been replaced by the new **Online Background Check Consent Form:**

<http://adeaels.arkansas.gov/AelsWeb/Consent/Consent1.aspx>

Every applicant for the state and federal background checks must:

- **Complete** the Online Background Check Consent Form **ONLINE**. The form is automatically uploaded to the Arkansas Department of Education's database. Therefore, it is no longer necessary to complete the paper form and return it to the Department of Education;
- **Print the form** (or download it to a mobile device); and
- **Bring** it to the fingerprinting location.

*Reminder: Each applicant should have these items with them at the fingerprinting location:*

- *Printed (or downloaded) copy of the Online Consent Form*
- *Government-issued photo ID*
- *Transaction number (from online payment receipt or from the employer)*



## ARKANSAS DEPARTMENT OF EDUCATION

### **STEPS FOR THE CHILD MALTREATMENT CENTRAL REGISTRY CHECK**

Under Arkansas Code Annotated § 6-17-410 and 6-17-414, all persons applying for a first-time license, a lifetime license, license renewal, or for employment at a school district, public school, or education service cooperative must complete the Child Maltreatment Central Registry check. In addition, all pre-service teachers must complete the check before beginning their supervised clinical practice on a school campus.

The Arkansas Child Maltreatment Central Registry background check is handled separately from the criminal history check, using the **Child Maltreatment Central Registry Background Check Form**.

**Please follow the instructions on the Child Maltreatment Background Check form.**

#### **STEP 1: COMPLETING THE FORM**

- Complete the ADE provided Child Maltreatment Central Registry form.
- Sign the form before a notary public.

#### **STEP 2: PAYMENT**

- Pay with a preprinted check or money order payable to the “Arkansas **Department of Human Services**”.

#### **STEP 3: SUBMITTING THE FORM**

- Mail the form and payment to the Arkansas **Department of Human Services** at the address on the form.

Please allow up to four (4) weeks for the return of the results from the Child Maltreatment Central Registry check.

If the Child Maltreatment Central Registry notifies the Department of Education that there is a “true” finding under your name, you will also be notified. You may contact the Department of Human Services for information on seeking to have your name removed from the registry. If you are successful and your name is removed, you may become qualified for licensure or employment upon the Department of Education receiving official documentation from the registry of the name removal.

**ONLY FOR ARKANSAS DEPARTMENT OF EDUCATION USE**  
**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

By the Arkansas Child Maltreatment Central Registry

Applicant Instructions: Complete this form, have it notarized, and submit a preprinted check or a U.S. money order for \$10.00 made payable to the Arkansas Department of Human Services. DO NOT SEND CASH OR A TEMPORARY CHECK-YOUR REQUEST WILL NOT BE PROCESSED. Make and keep a copy of this form for your records.

INCOMPLETE OR UNNOTARIZED FORMS WILL NOT BE PROCESSED BY THE CENTRAL REGISTRY OR THE ADE!

Mail this form to and the fee payment to: Arkansas Child Maltreatment Central Registry      Applicant- Check Only One:  
P.O. Box 1437, Slot S 566       Licensed Teacher  
Little Rock, Arkansas 72203       Non-licensed/Classified

Applicant's full name (print or type): \_\_\_\_\_  
First                                      Middle                                      Last

List ALL other names used: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Birth Date (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_                                      Physical Address: \_\_\_\_\_  
Street or P.O. Box    Street  
\_\_\_\_\_  
City      State      Zip Code    City      State      Zip Code

Applicant's phone number : \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

List the full name and date of birth (Month/Day/Year) for **all** of the applicant's children, attach additional paper if necessary:

- 1. Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_
- 2. Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_
- 3. Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment to the **ARKANSAS DEPARTMENT OF EDUCATION**. **By signing below, I swear or affirm that the foregoing statements are true to the best of my knowledge and belief under penalty of perjury.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

State of Arkansas County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ (name of notary), the undersigned notary, personally appeared \_\_\_\_\_ (**applicant's name**) known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

(APPLICANTS DO NOT WRITE BELOW THIS LINE)

\_\_\_\_\_  
School/District Contact Person                                      District Phone Number                                      District Fax

\_\_\_\_\_  
School Mailing Address                                      School District                                      LEA Number