

Arkansas Division of Higher Education

#4 Capitol Mall, Box 21 • Little Rock, Arkansas • 72201 • (501) 371-2000 • Fax (501) 371-2008

FORM 3060 DRIVERS EDUCATION INSTRUCTOR RECORD OF QUALIFICATIONS

\$50 Fee per Instructor

NAME OF SCHOOL	
ADDRESS (LOCATION)	
ADDRESS (MAILING)	
NAME OF INSTRUCTOR	
E-MAIL ADDRESS	
DATE EMPLOYED AS AN INSTRUCTOR	
FIRST DATE IN CLASS	

Arkansas Code Annotated §6-51-601 et. seq. and regulations require that instructors shall be qualified by education and/or work experience.

Drivers education instructors shall be qualified by meeting 1-6 and 7A, 7B, OR 7C. Please provide supporting documentation. In section 7, please indicate which statement supports your qualifications.

1.	Possess a valid Arkansas Drivers License. Attach a photocopy of current drivers license.
2.	Have not less than a high school diploma or GED. Attach a copy of transcript, diploma, or GED.
3.	Completed a recognized First Aid Class within the past three (3) years. Attach a copy of certificate or transcript showing completion of course.
4.	Be at least twenty-one years of age.
5.	Not have a suspended, canceled, revoked, or denied drivers license within the past thirty-six (36) months. Attach copy of your driving record.
6.	Not reflect more than eight (8) point violations of driving record

7A.	Have a minimum of six (6) semester hours of drivers education training. Attach a transcript showing six (6) hours of drivers education; OR
7B.	Have a minimum of seventy-two (72) clock hours of drivers education including some behind-the-wheel training. Attach a transcript or certificate showing seventy-two (72) clock hours of drivers education training; OR
7C.	Have a minimum of seven (7) years of work experience directly related to the program being taught (such as, but not limited to: experience in law enforcement investigating accidents, etc.).

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

PLACE OF EMPLOYMENT	
ADDRESS (LOCATION)	
START DATE	
END DATE	
TITLE OF POSITION	
SUPERVISOR'S NAME	
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	

PLACE OF EMPLOYMENT	
ADDRESS (LOCATION)	
START DATE	
END DATE	
TITLE OF POSITION	
SUPERVISOR'S NAME	
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
PLACE OF EMPLOYMENT	
ADDRESS (LOCATION)	
START DATE	
END DATE	
TITLE OF POSITION	

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 documentation, are true, complete and accurate.

Printed Name of Official		Title	
Signature of Official		Date	

Printed Name of Instructor		Title	
Signature of Instructor		Date	