



## DIVISION OF ELEMENTARY & SECONDARY EDUCATION

### **Notice of Intent to Participate**

*Please complete the form and return it to the Division of Elementary and Secondary Education,  
Office of Special Education.*

**I intend to participate in the Division of Elementary and Secondary Education Stipend Program for Vision and Hearing Specialists. I understand that stipends are contingent on the availability of funding and I am not entitled to a stipend. I understand that I am not eligible for a stipend until I complete an approved program of study under the criteria stated in the Program Information attached to the memorandum. I must then obtain qualifying licensure from the Division and complete one full school year working directly with students with either visual or hearing impairments as an employee of an Arkansas public school district or education service cooperative.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program: \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_