

## Teacher Registration Renewal Instructions

This Renewal Form is for current registrations only. Registrations are issued for a three-year period. Complete a new teacher registration form to add a new field of practice/program/course. The most current registration forms can be found at [www.oregon.gov/HigherEd](http://www.oregon.gov/HigherEd)

To maintain registration status, you must submit the following documentation and the \$75 non-refundable renewal fee prior to the expiration date on your current teacher registration [OAR 715-045-0012(8)]. You must notify this agency of any change of address. When notifying us of any changes, please include your registration number.

### Confirm the Following:

- Did you verify that the information located in each section is accurate and complete?
- Did you include a copy of all current applicable certificates, license(s), or other credentials legally required for employment in the field you are teaching?
- Does your renewal application have **your signature and the signature of the director** of the school you are working for, as required by [OAR 715-045-0012(2)(c)]?
- Did you provide proof of any name change that occurred since your last registration?
- For cosmetology teachers, did you provide evidence of completion of 30-clock hours of continuing education [OAR 715-045-0012(8)(b)]?

## Options for submitting the application

You **must** mail the \$75 application fee with the name of the applicant to the Commission.

**Mail your application and fee to:**

Higher Education Coordinating Commission

Office of Academic Policy and Authorization

PCS Licensing Unit

3225 25th Street SE Salem, OR 97302

## Social Security Number Requirement, Authority, and Disclosure Statement

As part of your application for an initial or renewed registration as a teacher, director, or agent for a licensed private career school, as issued by the Higher Education Coordinating Commission, Office of Private Postsecondary Education, you are required to provide your Social Security Number (SSN) to the Commission as part of the application process [ORS 25.785 and 42 USC § 666(a)(13)].

Your SSN will be stored in the Commission's electronic database using the highest level of encrypted security protocols. It will be provided on a quarterly basis to the Oregon Department of Justice through secured electronic

means for the purpose of enforcing child support orders. Your SSN will not be printed or displayed in any public forum through any medium unless expressly required by state or federal law.

Failure to provide your SSN will be a basis for the Higher Education Coordinating Commission, Office of Private Postsecondary Education, to refuse to issue or renew a license or registration as described above.

Any other use or disclosure of your SSN will require your written authorization.

## Application for Teacher Registration Renewal

**All boxes MUST be completed. All required documentation MUST be included, and your payment received for your application to be reviewed.**

Applicant Name					
Date of Birth		Social Security Number			
Email Address		Phone			
Home Address					
City		State		Zip	
School Currently Employed					

List all previous career school(s) you taught at within the last 3 years [OAR 715-045-0012(8)(d)]	Course/Program Taught	Dates (MM/YYYY-MM/YYYY)

### Criminal History

Have you ever been convicted of a crime other than a minor traffic violation? Please check the appropriate box.

Yes

No

If your answer is “yes,” attach an explanation on a separate sheet and submit a copy of court records, a letter of recommendation from the employing school and a letter from your most recent employer, parole officer, or other appropriate professional source. [OAR 715-045- 0012(8) and OAR 715-045- 0012(13)].

Be advised that if you work at a school that enrolls minors you will be required to have a fingerprint background check completed. *Check with the school you are considering working for to verify if this would be a requirement.*

**I hereby certify the above information is true and correct to the best of my knowledge. I am aware that if any statement made herein has been misrepresented, my registration as an instructor may be suspended or revoked.**

Print Applicants Name	Signature of Applicant	Date
Print School Directors Name	Signature of School Director	Date

**YOUR APPLICATION WILL NOT BE ACCEPTED IF THE FOLLOWING IS NOT INCLUDED:**

- Copies of current licenses or certificates legally required for employment in the field in which you teach (*i.e., cosmetology, massage technician, CDL, etc.*).
- The \$75 non-refundable application fee, paid by check to the Higher Education Coordinating Commission
- The School Director of the school you will be teaching at MUST sign your registration form.**

**If you checked YES to a criminal history. Your application MUST also include:**

- Letter of Recommendation from your employing school
- Letter of Recommendation from your most recent employer, parole officer or other appropriate professional source
- Copy of court records, and
- Letter of explanation from applicant

For questions you may contact the HECC at (503) 947-5716 or info.pps@state.or.us