



Office of Academic Policy and Authorization

3225 25th Street SE, Salem, OR 97302  
 www.oregon.gov/HigherEd  
 www.oregon.gov/HigherEd/APA

## Director Registration

Type of Director:      School       Financial Aid       Admissions       Education       Other: \_\_\_\_\_

School Name				
School Address		City	State	Zip + 4
Name of Director		Date of Birth	*Social Security #	
Email address		Home Phone (include area code)		
Home Address		Alternate Phone (include area code)		
City		State	Zip Code + 4	

### List qualifying history and dates (attach complete resume)

Directors must have at least two years of full-time experience in either school or business administration, or other experience directly related to their duties within the school's organization, within the past 5 years.

Employer Name, Address, and Telephone Number	Dates of Experience	
	From	To
Position 1:		
Job Title & Duties:		
Employer Name, Address, and Telephone Number	Dates of Experience	
	From	To
Position 2:		

Job Title & Duties:		
Employer Name, Address, and Telephone Number	Dates of Experience	
	From	To
Position 3:		
Job Title & Duties:		

(Attach separate sheets or your resume describing your employment history if more space is needed.)

Have you ever been convicted of a crime other than a minor traffic violation?

Yes  No

If "yes," attach explanation on separate sheet. [OAR 715-045-0012(12)]

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Print Name & Title	Signature	Date
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### 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.

## For submitting the registration form

**You may mail your registration to:**

Higher Education Coordinating Commission  
Office of Academic Policy and Authorization  
PCS Licensing Unit  
3225 25th Street SE Salem, OR 97302

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