

Agent Registration

"Agent" means an individual who is employed by or for a career school, or is working on behalf of the school under a contract, for the purpose of actively procuring students, enrollees or subscribers of the school by solicitation in any form that is made at a place or places other than the school office or place of business of the school [ORS 345.010(1)]

School Name:	
Address:	
Agent's geographic area:	
Date of employment:	

Agent Information:

Agent Name:			
Agent Address:			
Email address:			
Home Phone:		Work Phone:	

For HECC to process this application, you **MUST attach a photocopy of the agent's school issued photo credentials (i.e. badge), as described in [OAR 715-045-0061 \(6\)](#).**

Criminal History

Have you ever been convicted of a crime other than a minor traffic violation? Please check the appropriate box below [OAR [715-045-0012](#) (12)]. **(ANSWER REQUIRED)**

☐ Yes ☐ No

If you answered 'Yes', your application **MUST** also include:

- ☐ A letter of explanation for the criminal history and what has changed in your life.
- ☐ Letter of Recommendation from your employing school, and
- ☐ Letter of Recommendation from your most recent employer, parole officer or other appropriate professional source.
- ☐ Final Court Record or Disposition.

Does your school accept minors? ☐ Yes ☐ No **(ANSWER REQUIRED)**

BE ADVISED: If you are employed at a School that enrolls minors or are recruiting / in contact with students outside of the school under the age of 18, **ALL STAFF** that has contact with anyone under the age of 18, **WILL BE REQUIRED** to have a fingerprint background check completed and approved prior to contact with minors.

Check with the school you are considering working for to verify if this would be a requirement [OAR [715-045-0003](#)] prior to employment at the school.

The fingerprinting process may delay the processing of your Registration. Please allow a minimum of 3-4 weeks for processing.

Click here to download the HECC [Criminal Record Check Request Form](#).

Signature and Authorization

APPLICANT CERTIFICATION:

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 Agent may be suspended or revoked. I will comply with all rules governing Private Career Schools by the provisions of Oregon Revised Statutes, Chapter 345, as amended, and the rules and regulations as established by the Higher Education Coordinating Commission (Oregon Administrative Rules, [Chapter 715, Division 045](#)) and specifically for Agents addressed in OAR [715-045-0060](#) and OAR [715-045-0061](#).

☐ *I hereby certify the above information is true and correct to the best of my knowledge.*

Signature of Applicant

Date

Print Applicant's Name: _____

SCHOOL CERTIFICATION:

*Designated School Director must check box and sign below for this application to be accepted **(REQUIRED)***

☐ *By checking this box, the Director of the Private Career School listed below has confirmed the identity of the Applicant Agent listed above and can verify the Agent is familiar with the rules regulating Schools and Agents [OAR 715-045-0001 – 715-045-0220](#), and has or will receive training as per [OAR 715-045-0060 \(5\)](#) prior to recruiting students.*

Name of School: _____

Signature of School Director

Date

Print School Director's Name: _____

Submitting the registration:

Please mail this form to the
Higher Education Coordinating Commission:
Office of Private Postsecondary Education
3225 25th St. SE
Salem, OR 97302

No fee is required to HECC to process this Agent Registration