

School Director Registration

New Director Replacing current Director (indicate name if known) _____

Type of Director:

School Financial Aid Admissions Education Other: _____

School Name			
School Address:			
Legal Name of Director:		Preferred Name:	
Email address:			
Home Address:			
Date of Birth:		*Social Security #:	
Home Phone:		Work Phone:	

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, teaching or other experience directly related to their duties within the school's organization. The experience must be obtained within the past 5 years.

Position #1 – add Employer Name, Address, and Telephone Number below:		Dates of Experience	
		From	To
Job Title:	Duties:		
Position #2 - add Employer Name, Address, and Telephone Number below:		Dates of Experience	
		From	To
Job Title:	Duties:		
Position #3 - add Employer Name, Address, and Telephone Number below:		Dates of Experience	
		From	To
Job Title:	Duties:		

(Attach separate sheets describing your employment history if more space is needed and provide a resume)

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](#) (13)].

Yes No **(ANSWER REQUIRED)**

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

- Letter of explanation for the criminal history (please be specific), what has changed in your life, and how you feel your criminal record will or won't impact the position you wish to hold in a private career school, and
- Letter of Recommendation from your most recent employer, parole officer or other appropriate professional source. Letters of recommendation may not be from a spouse, family member or significant other / partner.
- Final Court Record or Disposition.

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

PLEASE NOTE: *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 a Director may be suspended or revoked by the Higher Education Coordinating Commission. I also agree to abide 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](#)).

Signature of Applicant

Date

Print Director's Name: _____

SCHOOL CERTIFICATION:

By checking this box, the Private Career School listed below has confirmed it has verified the identity, the work history of the applicant and the information in this director registration application and the applicant director meets the minimum



requirements of [715-045-0012](#) (9) & (10) of the rule.

The Designated School Director must check box and sign below for this application to be accepted (REQUIRED) If the Applicant is the Owner and School Director, the School Director is authorized to sign, otherwise please have the Owner sign this certification.

Name of School: _____

Signature of School Director *Date*

Print School Director's Name: _____

Submit the registration form:

Please mail this form to:

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 Director Registration

***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 questions you may contact the HECC at (503) 947-5716 or info.PPS@HECC.Oregon.gov