HIGHER EDUCATION COORDINATING COMMISSION
3225 25th Street SE, Salem, OR 97302
www.oregon.gov/HigherEd

New Teacher Registration Instructions

*Please complete the following form and submit with a non-refundable **$90 registration fee**.*

As per OAR 715-045-0012, career schools shall employ as teachers only those individuals who are registered with the Commission and who meet the applicable requirements of this rule. Schools must verify the information provided by the teacher applicant at the time of employment and certify that all information contained in this Teacher Registration Application is confirmed as accurate.

Teachers must hold any Oregon licenses, certificates, and ratings, and successfully pass qualifying exams legally required for employment in the field in which they teach [OAR 715-045-0012 (3)].

This form must be reviewed and approved by the Higher Education Coordinating Commission, Office of Private Postsecondary Education, prior to the commencement of any instruction, except when emergency provisions are being utilized [OAR 715-045-0012 (2)].

Teacher Registration Information *(There is a separate application for teacher renewals)*

- All teacher registrations are issued for a three-year period.
- The Commission **does not** issue renewal notices to registered teachers. It is the responsibility of you and your employing school to ensure your registration is kept current.
- 30 hours of Continuing Education is recommended for general PCS teachers and is required for Cosmetology teachers. Check with the school(s) where you are teaching to see what programs they may have approved or are offering for continuing education.
- Please notify the Commission of any change in mailing address, e-mail or phone number.
- There is a **$90 renewal fee** for each teacher registration.
- **Please verify you are using the current and approved version of this form. ALWAYS** obtain the most current application from the Commission's website for PCS Forms and Procedures.
- **ALL** sections must be completed, and this application signed and dated by teacher and director.
- ***Allow at least 2-3 weeks for processing.***

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.)*.
- ☐ Copy of either High School Diploma, High School Transcripts, High School Modified Diploma, GED **OR** copy of postsecondary transcript/certificate/diploma.
- ☐ Copy of most current employment résumé with details of duties that would impact this application.
- ☐ A $90 non-refundable registration fee, paid by check or money order to the Higher Education Coordinating Commission.
- ☐ **The School Director of the school you will be teaching at MUST sign your registration form or your application review WILL BE delayed.**
- ☐ If you have a prior criminal history, the documentation listed on Page 5 must be included.
- ☐ *Psilocybin Only* - OHA Oregon Psilocybin Services **Training Program Curriculum Approval Summary** with the name of the teacher who is applying to HECC to be a registered teacher on the list as an Instructor.

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Application for Teacher Registration

All boxes **MUST** be completed, all required documentation **MUST** be included, and your payment received for your application to be accepted and reviewed. Applications missing this information will be delayed.

Applicant Information *(Required Information)*

Legal Name:		**Preferred Name:**			
Date of Birth:		***Social Security Number:**			
Email Address:		**Phone:**			
Home Address:					
City:		**State:**		**Zip:**	

School you will be working for:

Name of School	**School Location**

Program and Courses

*Please list all **Programs and Courses** which applicant will be offering instruction. The name of the programs listed MUST be the same name as the programs listed on the school's license. Courses within the program may vary* **(REQUIRED):**

Program	Course

Education/Training History **(REQUIRED)**

Name and Location of School Attended	Course of Study (Major)	Dates Attended MM/DD/YY From	Dates Attended MM/DD/YY To	Full Time / Part Time?	Degree or Certificate Earned / Number of Hours, *(if applicable)*

- Instructors must be at least 18 years of age. **Submit a copy of your high school diploma, GED**, **OR** postsecondary degree diploma or certification with your application.
- Please include a copy of all 'official' postsecondary school transcripts as listed above.

Work Experience

Complete each column below, starting with the most recent position:

Applicant must list below **a minimum of two years of work experience** or two years of education, or any combination of both, in the subject that they instruct

(for clarification, see bulleted points below).

Employer Name, address, and phone number, or qualified teacher training	Starting and ending dates of employment. (REQUIRED) *Use MM/DD/YY format*	Please indicate if Full time or Part time? ***Required**: if part-time, include number of hours/month*	Duties performed (all applicants) *Please be specific on duties as it applies to this application and the programs you will be teaching.*	Teacher training program hours *(cosmetology only)*

- One year of experience is defined as 1,875 hours of work, education, or training per year *(37.5 hours per week times 50 weeks)*. Part-time experience will be allowed if the total hours equal the equivalent of two years of full-time experience (**3,750 hours**) [OAR 715-045-0012 (3)(d)(A)].
- **FOR NEW TEACHERS**, work experience **MUST** have been within the **past FIVE years**.
- If a credential or qualifying examination is required for employment in the field by the state in which the school is located, the two years of experience **must** include at least one year of work experience as a certified practitioner in the subject in which you instruct, following certification or licensure.
- *Psilocybin Only* – In lieu of meeting the work experience and education requirement required in OAR 715-045-0012, the teacher must provide a copy of the OHA Oregon Psilocybin Services **Training Program Curriculum Approval Summary** and be listed as an Educator or Instructor on the Summary.

Cosmetology only - Applicants may obtain their teacher registration by completing a 1,000 hour cosmetology teacher training program offered by a licensed private career school, as long as the applicant possesses a valid credential from the Oregon Health Licensing Office. Applicants that have an expired teacher license that is no more than three years old or was previously licensed in another state whose teacher requirements are less than those in Oregon can take a 200-hour teacher training program offered at a licensed career school.

Other Postsecondary Work

List summer schools, extension courses, seminars, military experience, etc.

Licenses held pertaining to this application

Name of License Held	Regulating agency	Expiration Date

The following Criminal History section MUST be completed *(use additional sheets if needed).*

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. 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 instructor may be suspended or revoked. 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 Applicant's Name: _____

SCHOOL CERTIFICATION:

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

☐ *By checking this box, the Private Career School listed below has confirmed it has verified the identity, work history and the information in this teacher registration application and teacher has the required experience and meets the minimum requirements of 715-045-0012 (3) & (4) of the rule.*

Name of School: _____

_____ _____

Signature of School Director ***Date***

Print School Director's Name: _____

PLEASE NOTE: Notification of approval or denial, plus any registration certificates will be sent directly to the School Director at the address and/or email registered with the HECC.

You **must** include the $90 registration fee
with the name of the applicant listed on the check for verification.

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

Allow at least 2-3 weeks for processing, unless fingerprinting is required

*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.