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

SUBSTITUTE INSTRUCTOR NOTIFICATION FORM

OAR 715-045-0012(5):

(a) In emergency situations, not to exceed three months, schools may hire substitute teachers who are the best-qualified persons available. Under no circumstances shall students be allowed to substitute as approved teachers.

(b) Within 14 days of hiring a substitute teacher, a career school must provide written notice to the Commission (HECC). The notice must include, at a minimum, the substitute teacher's name, telephone number, mailing address, and e-mail address, the start date and estimated end date for the substitute teaching, as well as a list of the programs and courses the substitute teacher will teach and, if applicable, copies of the substitute teacher's credentials.

SCHOOL INFORMATION

School Name:	**School City:**

SUBSTITUTE CONTACT INFORMATION

Substitute Name:	**Start Date:**
Street Address:	**Email Address:**
City, State Zip:	**Contact Phone:**
Substitute Period Start Date:	**Substitute Period End Date:**

SUBSTITUTE CREDENTIALS

**If a license or certification is required to perform the profession, the substitute teacher applicant will be required to include the information below.*

***In State Credentials:** *(add all licenses that apply):*

	License/Certification Held	License/Certification Number	Expiration Date
☐	_____	_____	_____
☐	_____	_____	_____
☐	_____	_____	_____

Provide school with a copy of current license or credentials to review.

DOCUMENTS RECEIVED, REVIEWED and ACCEPTED BY THE SCHOOL *(mark all that applies)*

☐ **Current Resume** ☐ **Copies of All Active Licenses Held** ☐ **Identification Verification**

☐ **No Non-Qualifying Criminal History (OAR 715-045-0012 (12-13))**

(If the school enrolls minors and your applicant indicates a prior criminal history, a criminal background check is required before they can teach, pursuant to OAR 715-045-0003)

PROGRAMS TO BE TAUGHT

Programs Substitute will be Teaching:

☐ _____ ☐ _____

☐ _____ ☐ _____

If the substitute has a current HECC Teacher Registration, what school is it assigned to? _____

Program(s) currently registered to teach _____ *Expiration Date?* _____

If substitute is currently registered as a teacher with HECC, include a copy of current HECC registration with this form.

SIGNATURES

☐ *By checking this box and signing below, the Director of the Private Career School has confirmed they have verified the identity, credentials, work history of the substitute teacher and determined the substitute teacher has no disqualifying criminal history other than the information listed in this notification and has concluded the substitute teacher has have the required experience to be the best qualified persons available.* [OAR 715-045-0012 (5)]

Substitute Signature:		**Substitute Printed Name**		**Date:**	
Director Signature:		**Director Printed Name**		**Date:**	

Notify HECC within 14 days of hiring a substitute.

Send this completed form to the

Higher Education Coordinating Commission, ATTN: Private Career Schools, 3225 25th St SE, Salem, OR 97302

*For continued employment, substitute instructors must complete and submit the Teacher Registration Application to the Oregon Higher Education Coordinating Commission within **3 months (90 calendar days)** of starting work. Click on link to download current HECC Teacher application form. HECC FORMS*

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