



Teacher Registration

Please complete the following information and submit along with a non-refundable **\$75 application fee**. Attach copies of any certificates or licenses you hold that are legally required for employment in the field in which you teach (*i.e., cosmetology, massage technician, CDL, etc.*). Teachers must hold all 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).

All boxes must be completed for your application to be reviewed.

Applicant Name					
Date of Birth		Social Security Number			
Email Address		Phone			
Home Address					
City		State		Zip	

Instructors must be a minimum of 18 years of age. Submit a copy of your high school diploma, GED, or postsecondary degree or certification with your application.

Education/Training History

Name and Location of School	Course of Study (Major)	Dates Attended		Full Time/Part Time	Type of Degree or Certificate Earned/Number of Hours if Applicable
		From	To		

Please include a copy of all postsecondary school transcripts.

Cosmetology Applicants Only

Please indicate the cosmetology licenses you currently hold. You will only be eligible to teach the programs that you are licensed in from the Health Licensing Office. Include a copy of your license(s) with this application.

License Type	License Number	Expiration Date

Work Experience

Applicant must have two years of work experience or two years of education, or any combination of both, in The subject that they instruct. 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, the work experience must have been within the last 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 they instruct, following certification or licensure.

Cosmetology applicants may obtain their license by completing a 1,000 hour cosmetology teacher training program offered by a licensed career school, if the applicant possesses a valid credential from the 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.

Complete all sections below, starting with the most recent position:

Employer Name, address, and phone number, or qualified teacher training	Dates of employment or program	Full time or part time (if part time include # of hours/month)	Cosmetology teacher training program hours	Duties performed (Cosmetology: include copy of transcript from hourly program)

Please include a résumé with your application.

Other Postsecondary Work

(Summer schools, extension courses, seminars, military experience, etc)

Programs and Courses which applicant will be offering instruction:

This section must be completed (use additional sheets if needed).

Program	Course

Criminal History

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

Yes

No

If answer is “yes,” attach explanation on separate sheet and submit a copy of court records, a letter from your probation officer, and a letter of recommendation from your employer [OAR 715-045- 0012(8) and OAR 715-045-0012(13)].

Be advised that if you work at a school that enrolls minors you 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.*

School you plan on working for:

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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.

Signature of Applicant	Date
Signature of School Director	Date

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.

Renewal Information

- All teacher registrations are issued for a three-year period.
- 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 **\$75 renewal fee** for each teacher registration.

This form must be on file with 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)]

- Please be sure you have attached:
- Copies of Licenses or certificates as explained.
- Copy of High School Diploma, High School Transcripts, or GED.
- Copy of postsecondary transcripts
- Copy of work résumé
- Checked one of the boxes in the criminal history section and included an explanation
- Included your \$75 non-refundable application fee

Mail your application to:

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