



Oregon

Kate Brown, Governor

Higher Education Coordinating Commission

Office of Private Postsecondary Education

3225 25th St. SE

Salem, OR 97302

www.oregon.gov/HigherEd

Private Career Schools Licensing Request for Exemption

Organization Name: _____

Address: _____

Owner /Director Name: _____

Contact phone number: _____

Contact e-mail: _____

Pursuant to ORS 345.015, request is hereby made for exemption from the requirements of 345.010 to 345.450 pertaining to the licensing of Private Career Schools, based on the following circumstances:

This organization offers only instruction or training of an avocational or recreational nature.

This organization offers only instruction or training sponsored or offered by a bona fide trade, business, professional or fraternal organization or for its membership or employees only.

This organization offers only instruction or training sponsored, offered or contracted by organizations, institutions or agencies that is advertised or promoted to be in the nature of professional self-improvement or personal self-improvement and the instruction or training is not:

(a) Advertised or promoted as leading to or fulfilling the requirements for licensing, certification, accreditation or education credentials; or

(b) Leading to an occupation, employment or other activity for which a person may reasonably expect financial compensation.

This organization offers only courses in hospitals that meet standards prescribed by the American Medical Association or national accrediting associations for nursing.

This organization offers only courses, instruction, or training that does not exceed a total of 16 hours.

This organization offers only courses of an advanced training or continuing educational nature that are offered solely to licensed practitioners and people previously qualified or employed in the profession for which a course is being offered.

This organization is adequately regulated by other means that guarantee the school meets the standards of ORS 345.325. Cite the regulatory body. Describe the oversight function and method of monitoring educational courses for compliance with established standards:

This organization offers only review instruction to prepare a student to take an examination to enter a profession, and the student has completed prior training related to the profession.

This organization is a degree-granting institution and falls under the authority of the Oregon Student Assistance Commission, Office of Degree Authorization.

This organization is a parochial or denominational institution providing instruction or training relating solely to religion and does not grant degrees.

Please provide in the space below any additional detail you feel would assist us in evaluating your request. Please include a copy of your student catalog describing your programs and training, and any other documentation provided to students regarding your offerings.

This form must be signed by the owner or director of your organization who is authorized to conduct business on behalf of the organization.

By affixing my signature to this document, I declare that I am authorized to make this request on behalf of this organization, and attest to the truth of the claims made herein.

Signature

Date

Printed Name