

SCHOOL DIRECTOR FORM

SCHOOL NAME: _____ LOCATION: _____

Your school must submit one form for the School Director. The School Director has responsibility and control over the main campus and any branches. The school must submit School Director Form as part of the application for initial approval or renewal approval. Print clearly.

The school must submit a revised Campus Roster (POSA AP Page 19) in conjunction with each successive addition and deletion of a School Director.

SCHOOL DIRECTOR NAME: _____

Beginning Date: _____ E-mail Address _____

QUALIFICATIONS:

The School Director must complete each question below.

- 1) I hold a high school diploma, or other equivalency recognized by the Board of Education (G.E.D.) Yes No
and
2) I have a minimum of five years experience in the area for which training is offered, Yes No
or
I hold an undergraduate diploma from a four-year college and Yes No N/A
I have a minimum of three years of experience in the area of training being offered.
or
If the school offers instruction in an area in which I am not qualified, the department head or supervising instructor shall have the above qualifications. Yes No N/A
and
3) I am experienced in administration, if yes list number of years _____ Yes No

EDUCATION AND EXPERIENCE: Attach a current copy of your resume.

- 1) EDUCATION - You must provide at a minimum this information on education:
- Institution name and address/location
- Major subject studied
- Degree/Diploma/Certificate name and date awarded
- 2) EXPERIENCE - You must provide at a minimum information on

- a) relevant experience in the area for which training is offered, and
- b) experience in administration:
 - Employer name and address/location
 - Position held and duties and responsibilities involved
 - Beginning and ending dates including month and year

Teacher Certification - attach a copy of teaching license and detail here the subject(s) in which authorized to give instruction and any expiration date:

_____ None or N/A _____

Occupational License (if applicable) - attach a copy of current license(s) and detail here area(s) licensed in and any expiration date(s):

_____ None or N/A _____

DESIGNATION OF QUALIFIED INDIVIDUAL IN EACH APPROVED SUBJECT AREA OFFERED:

Your school must list all approved subject areas in which instruction is offered.

(A) Subject Area	(B) Indicate if Director is Qualified in Each Area	(C) Name of Department Head or Supervising Instructor Who meets requirements for Subject Area (in lieu of Director)
	Answer Yes or No If No, Complete Column (C)	
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____
_____	Yes No	_____

Please attach an additional sheet if needed.

DISCLOSURE:

Indicate any prior involvement as required by Connecticut General Statute Section 10a-22c as a director with a private occupational school in Connecticut or any other state which school had its certificate of authorization revoked or privilege to carry on vocational instruction cancelled by the state:

Name of State _____

Initial the correct answer below:

_____ No Prior Involvement

_____ Yes, Prior Involvement, complete the following information:

Name of School _____

Full Address _____

Position(s) Held at School _____

Period Employed _____

Date of Revocation or Cancellation of Privilege to Operate _____

Reason for Revocation:

- school ceased to meet conditions of authorization
- school committed a material or substantial violation of Statute Section 10a-22a to 10a-22k or 10a-22u to 10a-22w of the Regulations
- school made a false statement on a material fact in its application
- school failed to make a required payment to student protection fund
- other reason _____
- unknown reason

I do swear or affirm that the statements made on the School Director Form are complete and correct to the best of my knowledge and belief.

Signature of School Director _____ **Date** _____

It is the responsibility of the school to ensure that it hires an appropriately qualified individual, pursuant to Regulation 10a-22k-5(k)(1), to act as Director of the school. The Commissioner of Higher Education may waive the educational and other requirements for a director where there is other evidence of qualification. If applicable, attach documentation showing the grant of a waiver.

I do swear or affirm that the statements made on the School Director Form are complete and correct to the best of my knowledge and belief.

Owner Signature: _____ **Date:** _____

Name of Owner/Majority Owner of School: _____