

CAMPUS DIRECTOR FORM

SCHOOL NAME: _____ LOCATION: _____
City/Town

Your School must submit one form for the Campus Director of your school. The Campus Director is the principal administrator at the school. The school also must submit a new Campus Roster (POSA AP Page 19) in conjunction with each successive addition or deletion of a Campus Director. Print Clearly.

CAMPUS DIRECTOR: _____

Beginning Date: _____

Mailing Address: _____

Street: _____

City, State Zip: _____

Office Phone: _____ E-mail _____

The Campus Director must complete each question below.

Connecticut Regulations of State Agencies Section 10a-22k-5(k)(1) requires that "The director of a school" meet the following criteria:

- 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 Yes No N/A
and
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. Yes No
If yes, list number of years _____

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 (if applicable) - attach a copy of teaching license and detail here the subjects in which authorized to give instruction:

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

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 canceled 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 Campus Director Form are complete and correct to the best of my knowledge and belief.

Signature of Campus Director _____ **Date** _____

It is the responsibility of the school to ensure that it hires an appropriately qualified individual, pursuant to Regulation of State Agencies Section 10a-22k-5(k)(1), to act as Campus 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 this form are complete and correct to the best of my knowledge and belief.

Signature of School Director _____

Name of School Director _____ **Date** _____