

## CAMPUS DIRECTOR FORM

SCHOOL NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

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: \_\_\_\_\_

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, if yes list number Yes  No   
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:

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

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**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** \_\_\_\_\_