

DIRECTOR FORM

SCHOOL NAME: _____ LOCATION: _____

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

The school must submit a revised Hospital School Staff Roster (HPOSA AP Page 7) in conjunction with each successive addition and deletion of a School Director and/or Program Director.

SCHOOL DIRECTOR NAME: _____

PROGRAM DIRECTOR NAME: _____

Beginning Date: _____

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
- Attach a copy of your teacher certificate and/or occupational license (if applicable)

DISCLOSURE:

Indicate any prior involvement 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: _____

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 Director _____ **Date** _____

It is the responsibility of the school to ensure that it hires an appropriately qualified individual. The Executive Director of the Office 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 Director Form are complete and correct to the best of my knowledge and belief.

Chief Fiscal Officer Signature: _____ **Date:** _____

Name of Chief Fiscal Officer: _____