STATE OF OHIO BOARD OF CAREER COLLEGES AND SCHOOLS 30 EAST BROAD STREET, SUITE 2481

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NEW SCHOOL DIRECTOR FORM

NAME (LAST, FIRST, MIDDLE)	HOME ADDRESS (STREET, CITY, STATE, ZIP)	
NAME OF SCHOOL WHERE EMPLOYED	SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE #: E-MAIL ADDRESS:
DATE OF INITIAL EMPLOYMENT:	ADMINISTRATIVE JOB TITLE:	

WORK EXPERIENCE (FROM OTHER EDUCATIONAL INSTITUTIONS)

NAME AND ADDRESS OF REGISTERED SCHOOL	DATES OF I	EMPLOYMENT TO	NATURE OF WORK (TITLE, DUTIES, RESPONSIBILITIES, SPAN OF SUPERVISION, ETC.)	REASON FOR LEAVING

PROFESSIONAL CONDUCT (ATTACH A SEPARATE TYPEWRITTEN PAGE, SIGNED BY THE APPLICANT CERTIFYING THE TRUTH AND ACCURACY OF ALL STATEMENT, TO FULLY EXPLAIN ANY CIRCUMSTANCE RESULTING IN "YES" ANSWER TO THE QUESTIONS BELOW:				
1. Have you ever had a diploma, credential, license, or certificate denied, revoked or suspended?				
□YES □NO				
2. Have you ever been found guilty of, pleaded guilty to, or entered a plea of no contest to a charge of immoral conduct?				
□YES □NO				
3. Have you ever been dismissed or asked to resign from any position for immoral or unprofessional conduct?				
□YES □NO				
4. Have you ever been sued successfully for fraud or deceptive trade practice?				
□YES □NO				
5. Have you ever been convicted of a felony or a misdemeanor other than minor traffic offenses? (Verified explanation required plus: (1) certified copy of final judgment; (2) copy of probation order/release.)				
□YES □NO				
I certify that the foregoing statements are true and correct. I do hereby agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon the request of the State Board of Career Colleges and Schools. I do further hereby agree and permit the State Board of Career Colleges and Schools to obtain from any person or entity information relating to my personal background, reputation, and character, and do hereby expressly direct that any such person or entity release such information upon the request of the State Board of Career Colleges and Schools. I do hereby release, discharge and exonerate the State Board of Career Colleges and Schools, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising thereof.				
Signature of Applicant: Date:				
As an authorized school official, I have carefully reviewed and verified the qualifications of the employee and his/her statements contained on this application. To the best of my knowledge and belief, he/she is qualified for the position as required by the rules for the State Board of Career Colleges and Schools.				
Signature of Authorized School Official: Date:				

COMPLETION OF THIS FORM IS REQUIRED BY SECTION 3332 OF THE OHIO REVISED CODE. ALL ITEMS MUST BE COMPLETED! ALL QUESTIONS MUST BE ANSWERED AND ALL MATERIALS REQUESTED MUST ACCOMPANY THE APPLICATION (FAILURE TO DO SO WILL RESULT IN THE RETURN OF THE APPLICATION, WITHOUT ACTION, TO THE SCHOOL AND ANY FEES PAID ARE SUBJECT TO FORFEITURE). YOU ARE REQUIRED TO FILL IN ALL BLANKS. IF NOT APPLICABLE, PLEASE PUT N/A.

PSR 0066 (Revised 10/11)