

OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS
DIRECTOR/AUTHORIZED ADMINISTRATIVE OFFICIAL QUALIFICATION RECORD
 (To Be Filed Within Thirty Days of Employment. If the Individual is being appointed as both, only one form is required.)

Accompany the Form 1150CM with a completed, signed, and **Notarized** Form 1155CM.

School/Seminar Name: _____
Employee Name: _____

Employment Date: _____

Check the appropriate block(s), below, to indicate the position(s) held (or to be held) by this person and the person's specific qualifications. The requirements for qualification are addressed at **OAC 565:10-11-1**.

- DIRECTOR** - The Director or Manager of the school must be familiar with educational administration and methods as well as sound business practices, including:
- (1) The development of a curriculum capable of preparing students for specific job entry levels.
 - (2) The selection of an instructional staff competent in subject matter and teaching techniques to implement the curriculum.
- AUTHORIZED ADMINISTRATIVE OFFICIAL ("AAO")** – One person must be designated as the AAO of the School. **The duly designated official shall have sole authority to represent the School and act in all matters involving the School's responsibilities under the law.** The AAO must be a person of good moral character and meet one or more of the following requirements.
- Be a graduate of an approved college or university with a major in the general field related to the direct objectives of the school's efforts.
 - Have suitable experience as a School Administrator or as a Teacher in one or more of the major subjects offered by the school.
 - Possess other qualifications that are considered by the OBPVS Board as being substantially equivalent. (Must be approved by the Board, and my require attendance at a Board meeting.)

Education, training and licenses related to present position. Attach a copy of any license, certificate, and/or transcript of each degree listed. Transcripts may be copies, unless a sealed original is *specifically requested by the OBPVS after its review of the copy initially submitted*. Highlight relevant courses on the transcript copy.

School Name and Address	Course	Total Clock/ Semester Hrs.	License, Certificate or Degree Awarded

Name of School or Firm Address and Phone Number	Specific Duties	Dates of Employment

I hereby appoint the above person to the position indicated on this form. The above information has been verified and is true and correct.

Signature of School Owner or Corporate Officer

Date

 Print or Type **Name** of School Owner or Corporate Officer

 Print or Type **Title**