

PROGRAM DIRECTOR CHANGES UPDATE FORM

(DUPLICATE AS NEEDED)

No changes in the Program Director position have occurred since the previous school approval application was submitted.

1. Name of School _____

2. Name of Staff _____

Change in position/title:

Former title/position _____

Present title/position _____

Date of change _____

Change in number of hours worked/week:

Former hours worked/week _____

Present hours worked/week _____

Date of change _____

Change in employment status (example, from independent contractor to employee):

Former status _____

Present status _____

No longer employed at this school _____

Date of change _____

Change in responsibilities:

Former responsibilities _____

Present responsibilities _____

Date of change _____

List additional changes below:

PERSONNEL FORM FOR PROGRAM DIRECTOR HIRED SINCE PREVIOUS SCHOOL APPROVAL

The Program Director position has not changed since the previous school approval application was submitted.

This form shall be completed for the Program Director only and shall be accompanied by the following documentation, in the form of photocopies:

- *Certifications, diplomas or degrees from professional training programs and post-secondary institutions (colleges or universities)*
- *Official transcripts from professional training programs and post-secondary institutions*
- *Documentation of National Certification; professional association membership; awards in the field*

(Note: A resumé may be submitted as a supplement to this form, but not as a substitute.)

1. Name of Institution _____

2. Name of Staff Member _____

Residence Address _____

City, State, Zip _____

Res. Phone _____ Email (optional) _____

3. Position/Title _____

Date Hired _____ # of Hours Worked per Week _____

Employee (or) Independent Contractor

4. Name and Title of Supervisor _____

5. Overview of job responsibilities _____

6. Work Experience: Starting with your present position, list your work experience. You may attach a resumé as documentation.

Date (month/year) From...To	Name and Address of Employer or Location Address if Self-Employed	Job Title, Average Hours per Week

7. Education: List both high school and colleges attended. Indicate types of credentials earned.

Educational Institution: Name, City and State	Area of Study	Dates Attended	Diploma or Title of Degree Conferred

8. Professional Training: List programs taken, especially in areas related to current position.

Program Title; Number of Hours; City and State	Name of School or Presenter	Dates Attended	Credential Earned

9. List Professional Memberships and Affiliations.

10. List Special Recognitions or Awards granted in your field.

I hereby certify that the information shown on this form and attached documentation are true, correct and complete, to the best of my knowledge.

Signature

Printed Name

Date