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