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:

[Blank space for additional changes]

Form 8
Revised 12/07
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.

<table>
<thead>
<tr>
<th>Date (month/year) From...To</th>
<th>Name and Address of Employer or Location Address if Self-Employed</th>
<th>Job Title, Average Hours per Week</th>
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Form 9-1
12/07
7. **Education:** List both high school and colleges attended. Indicate types of credentials earned.

<table>
<thead>
<tr>
<th>Educational Institution: Name, City and State</th>
<th>Area of Study</th>
<th>Dates Attended</th>
<th>Diploma or Title of Degree Conferred</th>
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8. **Professional Training:** List programs taken, especially in areas related to current position.

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<tr>
<th>Program Title; Number of Hours; City and State</th>
<th>Name of School or Presenter</th>
<th>Dates Attended</th>
<th>Credential Earned</th>
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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.*

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<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
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Form 9-2
12/07