

ADMINISTRATION AND FACULTY REPORT

**OFFICE OF PROPRIETARY SCHOOLS**

Physical Address

200 West Jones Street

Raleigh, NC 27603

Phone: (919) 807-7061

FAX: (919) 807-7169

www.nccommunitycolleges.edu/proprietary-schools

Mailing Address

North Carolina Community College system

5001 Mail Service Center

Raleigh, NC 27699-5001

### **OVERVIEW**

After being approved for an initial proprietary school license, there will be occasions when you may need to hire new administration or teaching faculty. This packet provides the forms and procedures for reporting and having these changes approved and recorded. Please contact the Office of Proprietary Schools should you have any additional questions.

### **I. Administration and Faculty Changes**

1. The Office of Proprietary Schools must approve the qualifications and credentials of all instructors and administrators working in a licensed proprietary school**.** Schools are required to submit all such individuals to the Office of Proprietary Schools for approval **within thirty (30) days** of their respective employment start date. Submit a cover letter on school letterhead making the specific approval request and use the ***Administration and Faculty Approval Report*** found in this Packet to provide detailed information on the employee(s). This form must be completed for all administration and instructor personnel who will be active in the operation of the school, either in full or part-timecapacity.

B. The following rules apply to *administration*:

1. One person must be designated as the **Director** of the school or branch thereof. The *director* is defined to be a person directly responsible for the school program, the methods of instruction, the employment of teachers, the advertising used, and the maintenance of proper administrative records and all other procedures related to the administration of the school or class.
2. The director or administrator must have the following qualifications:
3. Be a person of good moral character;
4. Be a graduate of an accredited college or university; and
5. Have the experience, competency and capacity to lead a school
6. Directors and administrators who possess qualifications which are equivalent to the requirements prescribed herein for directors may be approved individually by the Office of Proprietary School Services on behalf of the North Carolina State Board of Community Colleges.
7. An *instructor* must be found to be qualified by education and experience background and must meet the following qualifications as minimum requirements:
8. Be a person of good moral character;
9. Be at least 21 years of age;
10. Be a graduate of an accredited college or university and hold a baccalaureate degree or meet the requirements of other occupational licensing or approval bodies requested to approve instructor adequacy; and,
11. Personnel who lack the educational requirement in Subsection (3) above, but who are otherwise qualified based on relevant work experience, may be approved on an individual basis by the State Board of Proprietary Schools.

NORTH CAROLINA STATE BOARD OF COMMUNITY COLLEGES

**OFFICE OF PROPRIETARY SCHOOLS**

##### ADMINISTRATION AND FACULTY APPROVAL REPORT

Submit this report typed, signed, and dated for each person employed in an administrative or instructional capacity, full- or part-time, within thirty (30) days of their respective start date.

1. Full name:
2. Present address:

 Number and Street City Zip

1. Proprietary School:
2. Courses employed to teach:

 Employment Start Date:

1. Qualifications (**Attach official copies of all post-secondary transcripts**)

**Note: Please do not omit any information requested**

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools Attended (High School and** **Post-secondary Education/Training)** | **Dates Attended****(Mo/Yr)** | **Date Graduated** | **Certificate, Diploma or Degree Received and Major Course of Study** |
| Name and Location of School | From | To | Yes | No |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. List licenses. Providing expiration dates, license numbers and names of issuing organizations (**Attach copies of all licenses**):

 List Certifications. Providing expiration dates (**Attach copies of all certifications**):

1. Complete record of teaching experience:

7. Teaching Experience:

|  |  |  |
| --- | --- | --- |
| Name and Location of School | **Length of Employment** | **Subjects Taught** |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Employment History:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s Name** | **Present Address** | **Position Held** | **Date of Employment** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Number of years of work experience in field of instruction:

**I hereby certify that the information shown herein is true and accurate to the best of my knowledge.**

Printed Name Signature Date