

## NOTIFICATION: Change of Status of Instructional Staff

(To be submitted within **30** calendar days of employment)

To: Director  
 Division of Private Occupational Schools  
 Department of Higher Education  
 1560 Broadway, Suite 1600  
 Denver, CO 80202

Name of School: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Title: \_\_\_\_\_

Program(s) Taught: \_\_\_\_\_

Course(s) Taught within a Program: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Instructional Staff Status:   New Hire \_\_\_\_\_  
   Resignation/Termination \_\_\_\_\_

Date of personnel action: \_\_\_\_\_

***I certify that the above-referenced instructor is currently employed and meets the minimum standards and qualifications as set forth in the Laws and Rules governing private occupational schools. I further certify that the names of each additional instructor employed shall be supplied to the Board within 30 calendar days of employment.***

\_\_\_\_\_  
 Name of School Official (printed) Title

\_\_\_\_\_  
 Signature of School Official Date