NOTIFICATION: Change of Status of Instructional Staff

(To be submitted to DPOS within **30** calendar days of employment.
No additional forms are required to be submitted.)

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

Name of School: _____

Location 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