

**OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS**  
**DIRECTOR/AUTHORIZED ADMINISTRATIVE OFFICIAL QUALIFICATION RECORD**  
 (To Be Filed Within Thirty Days of Employment. If the Individual is being appointed as both, only one form is required.)

Accompany the Form 1150CM with a completed, signed, and **Notarized** Form 1155CM.

**School/Seminar Name:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_

**Employment Date:** \_\_\_\_\_

Check the appropriate block(s), below, to indicate the position(s) held (or to be held) by this person and the person's specific qualifications. The requirements for qualification are addressed at **OAC 565:10-11-1**.

- DIRECTOR** - The Director or Manager of the school must be familiar with educational administration and methods as well as sound business practices, including:
- (1) The development of a curriculum capable of preparing students for specific job entry levels.
  - (2) The selection of an instructional staff competent in subject matter and teaching techniques to implement the curriculum.
- AUTHORIZED ADMINISTRATIVE OFFICIAL ("AAO")** – One person must be designated as the AAO of the School. **The duly designated official shall have sole authority to represent the School and act in all matters involving the School's responsibilities under the law.** The AAO must be a person of good moral character and meet one or more of the following requirements.
- Be a graduate of an approved college or university with a major in the general field related to the direct objectives of the school's efforts.
  - Have suitable experience as a School Administrator or as a Teacher in one or more of the major subjects offered by the school.
  - Possess other qualifications that are considered by the OBPVS Board as being substantially equivalent. (Must be approved by the Board, and my require attendance at a Board meeting.)

**Education, training and licenses related to present position.** Attach a copy of any license, certificate, and/or transcript of each degree listed. Transcripts may be copies, unless a sealed original is *specifically requested by the OBPVS after its review of the copy initially submitted*. Highlight relevant courses on the transcript copy.

School Name and Address	Course	Total Clock/ Semester Hrs.	License, Certificate or Degree Awarded

Name of School or Firm Address and Phone Number	Specific Duties	Dates of Employment

**I hereby appoint the above person to the position indicated on this form. The above information has been verified and is true and correct.**

\_\_\_\_\_  
**Signature** of School Owner or Corporate Officer

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
 Print or Type **Name** of School Owner or Corporate Officer

\_\_\_\_\_  
 Print or Type **Title**