

OBPVS

SUPPLEMENTAL INFORMATION FOR SCHOOL OWNERS AND OTHER DESIGNATED OFFICIALS AND PERSONNEL

In accordance with OAC 565:10-11-1(b) and OAC 565:10-15-1, a Form 1155CM is required to be submitted with annual Relicensing or a mid-year submission of a new OBPVS Form 1080CM, 1140CM, 1150CM, 1180CM and/or 1290CM.

Select One: [ ] Re-Licensing for FY-\_\_\_\_\_ [ ] Person Named in "A" is New to the School/Seminar/Role

School/Seminar Name: \_\_\_\_\_

Full Name of Individual: \_\_\_\_\_

Instructions: Check the appropriate block(s), below, to indicate an affirmative response. Attach any required documentation to the Form 1155CM prior to submitting the Notarized Form to the OBPVS.

A. ROLE OF INDIVIDUAL

The responses, below, apply to the Individual named at the top of the Form. A completed and Notarized Form 1155CM should accompany all Relicensing Applications or the separate submission of a Form number(s) shown in parentheses:

- [ ] Solicitor (Form 1180CM) [ ] Owner or Entity Manager (Forms 1400CM - New School Ap.)
[ ] Instructor (Form 1140CM) [ ] Authorized Administrative Official or Director (Form 1150CM):

Employment (or Ownership) Start Date for the Individual named above: \_\_\_\_\_

Ownership or Entity Manager Role: [ ] Single Proprietor Owner [ ] LLC Member, for LLCs
[ ] Corporate Director, for Corporations [ ] Partner, for Partnerships [ ] N/A to other Roles

B. QUALIFICATION DISCLOSURES

1. CRIMINAL RECORD Have you: [ ] Pled guilty to a Felony? [ ] Been convicted of a Felony?
[ ] Pled nolo contendere to a Felony.
If you answer yes to an item in 1., above, attach a copy of the Court Clerk verified record.

2. ADMINISTRATIVE RECORD Have you (or a School at which you are/were associated)
[ ] Been disciplined by: [ ] a Licensing/Disciplinary Authority? [ ] a National or Regional Accreditation Body?
[ ] Did such disciplinary action result in revocation of a School's License or Accreditation?
School Name: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_
If you answer yes to any item(s) in 2., above, attach a copy of the Licensing/Disciplinary Authority and/or Accrediting Body's final determination.

3. [ ] I have not pled guilty or nolo contendere to a felony or been convicted of a felony. And, neither I nor a School at which I was/am associated has been disciplined or had disciplinary action leading to denial of license. [Field 3. should not be checked if any prior box is checked in Items B.1. and/or B.2.]

I, the Individual identified, above, acknowledge this is a legal document. I attest that my answers are true, correct, and complete and that I understand and meet all the requirements to serve in the role(s) listed on this Form.

Signature of Individual

Date

C. NOTARY

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ [Month], \_\_\_\_\_ [Year].

My Commission Expires: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Notary Public Signature

[Apply Notary Seal at the right. >>>]