

Teacher Registration Renewal Instructions

This form is for renewing **current** registrations only. Registrations are issued for a three-year period. Complete a new teacher registration form to add a new field of practice/program/course. The most current registration forms can be found at www.oregon.gov/HigherEd.

To maintain registration status, you **must** submit the \$75 non-refundable registration renewal fee prior to the expiration date on your current teacher registration [OAR [715-045-0012](#) (8)].

Required:

- Verify your information is accurate and each section is **complete**.
- Provide a copy of all updated applicable certificates, license(s), or other credentials legally required for employment in the field you are teaching.
- *Provide proof of any name change that occurred since your last registration. We will need the Teacher Change Form which will include your current and former name.
- This renewal application **WILL NOT** be processed without your signature **AND** the signature of the school director, as required by OAR [715-045-0012](#) (2)(c).
- Psilocybin Only* - OHA Oregon Psilocybin Services **Training Program Curriculum Approval Summary** with the name of the teacher who is applying to HECC to renew their registration on the list as an Instructor.

You must notify this agency of any name change or change of address during your active teacher status. When notifying us of any changes, download a **Teacher Change Form from our website www.Oregon.gov/HigherEd; by calling 503-947-5716; or by email at info.PPS@hecc.oregon.gov. Please include your teacher registration number.*

Social Security Number Requirement, Authority, and Disclosure Statement

As part of your application for an initial or renewed registration as a teacher, director, or agent for a licensed private career school, as issued by the Higher Education Coordinating Commission, Office of Private Postsecondary Education, you are required to provide your Social Security Number (SSN) to the Commission as part of the application process [ORS 25.785 and 42 USC § 666(a)(13)].

Your SSN will be stored in the Commission's electronic database using the highest level of encrypted security protocols. It will be provided on a quarterly basis to the Oregon Department of Justice through secured electronic means for the purpose of enforcing child support orders. Your SSN will not be printed or displayed in any public forum through any medium unless expressly required by state or federal law.

Failure to provide your SSN will be a basis for the Higher Education Coordinating Commission, Office of Private Postsecondary Education, to refuse to issue or renew a license or registration as described above. Any other use or disclosure of your SSN will require your written authorization.

Application for Teacher Registration Renewal

All boxes **MUST** be completed, all required documentation **MUST** be included, and your payment received for your application to be accepted and reviewed. Applications with missing information may cause a delay in processing.

Applicant Information *(Required Information)*

Applicant Name:					
Date of Birth:		Social Security Number:			
Email Address:		Phone:			
Home Address:					
City:		State:		Zip:	
School Currently Employed:		Date Current Teacher Registration Expires:			

Criminal History

- ▶ Have you been convicted of a crime other than a minor traffic violation? Yes No
- ▶ Was your criminal history reviewed previously and a probationary 1 year imposed? Yes No
- ▶ Have you been convicted since your most recent approval? Yes No

If you answered 'Yes' to a conviction since your last approval and it has not previously been reviewed, your application **MUST** also include:

- A letter of explanation for the criminal conviction.
- Letter of Recommendation from your employing school, and
- Letter of Recommendation from your most recent employer, parole officer or other appropriate professional source.
- Final Court Record or Disposition.

- ▶ Does your school currently enroll minors? Yes No *If so, a criminal records check will be required.*
 - A fingerprint background check is required to be completed prior to the completion of your application review process. Download [the Criminal Record Check Request Form](#) from our website.

BE ADVISED: If you have an unreviewed criminal conviction and are working at a school that enrolls minors you **MAY NOT** teach or have contact with minors until you have been approved by the HECC. *Check with the school you are working for to verify if this would be a requirement in OAR [715-045-0003](#).*

Work Experience

List all previous career school(s) you taught at within the last 3 years or since your last approval.

Private Career School Name	Course/Program Taught	Dates (MM/YY - MM/YY)

Signature and Authorization

Required for Cosmetology

I certify I have satisfied any applicable continuing education requirements and have evidence of completion of 30 clock hours of continuing education since my last renewal as required by my license(s) and will provide upon request. [OAR 715-045-0012 (8)(b)] _____ Teacher Initials

I hereby certify the above information is true and correct to the best of my knowledge. I am aware that if any statement made herein has been misrepresented, my registration as an instructor may be suspended or revoked.

Print Applicant's Name	Signature of Applicant	Date
Print School Director's Name	Signature of School Director	Date

Documentation Provided:

Please ensure the documentation as required on Page 1 is included with this application or there may be delays in processing. **Allow at least 2-3 weeks for processing.**

Submitting the application:

You **must** mail the \$75 registration renewal fee with the name of the applicant listed on the check for verification.

Mail your application and fee to:
 HIGHER EDUCATION COORDINATING COMMISSION
 Office of Academic Policy and Authorization
 PCS Licensing Unit
 3225 25th Street SE
 Salem OR 97302

For questions you may contact the HECC at (503) 947-5716 or info.PPS@HECC.Oregon.gov