

**OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS  
INSTRUCTOR QUALIFICATION**

File for a New Instructor during the Year, within 30 days of employment.  
UNLESS REQUIRED BY THE OBPVS, this form needs only be re-filed by a School or Seminar IF the Instructor is assigned an additional Course(s) that requires extra or different Qualification(s).

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

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

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

**Qualification Type(s):** Check the appropriate box(es) below to indicate how the proposed Instructor meets the minimum Instructor Qualifications set by the Board. For items #1, 3, and 4 (at a minimum) attach copies of transcripts/licenses/certificates. For item #2, show employment experience in the table at the bottom of the page *or* attach a detailed resume.

1.  Be a graduate of a recognized college or university and hold a baccalaureate degree with a minimum of 12 credit hours in a field directly related to the subject(s) he/she is teaching. **Notes: On a Transcript copy (original not needed unless advised of such by the OBPVS) highlight the 12, minimum, hours in the field directly related to the subject(s) to be taught.**
2.  Possess two years minimum full time work experience within the last seven years in the field being taught.
3.  Possess a license issued by a state or the federal government in the field in which he/she is teaching.
4.  Possess a **nationally** recognized professional certification (a certification subject to Board approval) in the field.
5.  The Board may waive these requirements if a School presents evidence that the Instructor possesses other qualifications sufficient to provide adequate instruction in the subjects taught. **If you request approval under this provision, you must submit sufficient evidence and receive approval of the Board before beginning to teach.** Attendance at a Board meeting may be beneficial and/or required to secure this type of approval.

**Education, training, and licenses/certificates related to present position.** Fully list the pertinent details for those Qualifications for which OBPVS approval is requested. **Be sure to submit a Transcript, or License/Certificate copy.**

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

**Previous employment related to present position.** Attach a substituting resume or an additional sheet(s), as applicable.

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

I certify the above information pertaining to my education and work experience is true and correct. I authorize the Board to obtain information required to verify statements made on this form.

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

For a New Instructor, also submit a completed  **Form 1145CM** (Instructor's Course Assignments) and a **NOTARIZED**  **Form 1155CM**.