



KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

300 Sower Boulevard, Frankfort, Kentucky
(502) 564-4185 <http://kcpe.ky.gov>

FORM FOR INSTRUCTIONAL STAFF & KEY ADMINISTRATIVE PERSONNEL

INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. This form must be submitted to the Kentucky Commission on Proprietary Education. No fee is required to be submitted with this form.
3. Attach continuation sheets if more space is needed to provide information.
4. Refer to KRS 165A.330(1),(2), KRS 165A.340(3),(7), KRS 165A.360(1),(2),(7), KRS 165A.370(1)(c),(e),(h), KRS 165A.400 and 791 KAR 1:010
5. This completed form may be submitted to the Kentucky Commission on Proprietary Education by mail to 300 Sower Boulevard, Frankfort, Kentucky 40601.-

SCHOOL INFORMATION

School Name		Date	
Street Address	City	State	Zip Code
Telephone Number	Fax Number	Website Address	
Administrative Contact Person Name	Title		
Administrative Contact Person Address	City	State	Zip Code
Administrative Contact Phone Number	Fax Number	Email Address	

PERSONNEL INFORMATION

Employee Name		Employee Title	
Employee Home Address	City	State	Zip Code
Date of Employment	Email Address		

Have you ever been convicted of a felony? Yes No

If Yes, attach a separate sheet, marked Exhibit A, and fully explain the circumstances and disposition of the case.

Summarize your qualifications for this position.



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EDUCATION

Begin with most recent.

School Name and Location (High School, Technical, Trade, College)	Course Completed or Degree Earned (Specify Major or Minor Field of Study)	From	To

EMPLOYMENT RECORD

Begin with most recent.

Name and Location	Duties	From	To

APPLICABLE APPRENTICESHIPS, MILITARY OR INDUSTRY-RELATED TRAINING

Begin with most recent.

Name and Location	Subject or Skills	From	To



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TEACHING EXPERIENCE

Begin with most recent.

Name and Location	Subjects	From	To

COURSE(S) TO BE TAUGHT

Complete for any Instructor and/or Administrator who will teach a course or courses.

Course Number	Course Name or Title



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EMPLOYEE CERTIFICATION

I certify that the information provided on this form as submitted to the Kentucky Commission on Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all laws, regulations, and standards set forth under KRS Chapter 165A.

Employee Name Title Employee Signature Date

SCHOOL OFFICIAL CERTIFICATION

I certify that the information provided on this application as submitted to the Kentucky Commission on Proprietary Education is true and correct in its entirety. I further certify that the instructor or administrator meets the minimum requirements set out in KRS 165A.370. In addition, I hereby pledge to follow all standards set out in KRS Chapter 165A and all rules and regulations set out in 791 KAR Chapter 1.

School Official Name Title School Official Signature Date