



Administrative Personnel Qualification for Institution of Higher Education

Personnel Data						
Full Name:						Date:
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>TITLE</i>		
Phone:	()			Work Cell #: ()		
Work Fax:	()		E-mail Address:			
Date of Initial Employment:		Full Time:	<input type="checkbox"/>	Part Time:	<input type="checkbox"/>	
Name of School (Employer):						
Detail Administrative Responsibilities:						

Education						
Institution Attended (Name plus city & state of location)	Graduated?		Certificate, Diploma or Degree Earned	Major Area of Study	Dates Attended	
	Yes	No			From (Mo./Yr.)	To (Mo./Yr.)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Work Experience						
Employer				Job Title:		
Address:						
Job Duties or Responsibilities:						
Length of Work Experience		From:		To:		

Employer				Job Title:		
Address:						
Job Duties or Responsibilities:						
Length of Work Experience:		From:		To:		

Attach separate sheet with additional work experience.

Other Relevant Experience

Certifications/Licenses: (Attach a copy of noted credentials)

Occupational Licenses, Certifications or Registrations Held	State Issued	Expiration Date

Verification of Qualification (SCHEV regulations require administrative personnel to have appropriate experience and education in the field for which they are hired or documented, relevant training within the first year of employment. Indicate all the qualifications that apply and attach the supporting documentation)

Administrator:

- Relevant occupational experience (Attach Resume)
- Record of accomplishments in previous educational other relevant work settings (Attach letter of qualification)
- Educational background (Attach copy of official Transcript)
- Relevant occupational training (Attach supporting documentation)

Disclaimer and Signature

In accordance with 8VAC40-31-140(F)(5) of the *Virginia Administrative Code*, administrative personnel of postsecondary institutions must meet the requirements of the regulation cited above. The administrative personnel completing this form attests to the following statement:

- a) I have not knowingly falsified or withheld information from the Council.

I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that false or misleading information may result in my release.

Signature of Applicant: _____ Date: _____

I _____, hereby authorize The State Council of Higher Education for Virginia (SCHEV) to investigate my background and qualifications for purposes of evaluating whether I meet the requirements of 8VAC 40-31-140(F)(1-5). I specifically authorize SCHEV to use an outside firm of its choice to assist it in this process. I also understand that I may withhold this permission and that in such case, no investigation will be done and my application will be withdrawn.

Signature of Applicant: _____ Date: _____

As an **authorized school official**, I have carefully reviewed and verified the qualifications of the employee and his/her statements contained on this application. To the best of my knowledge and belief, he/she is qualified for the position as required by the rules for the State Council of Higher Education for Virginia. I understand false and misleading information may result in the suspension and/or revocation of the school's Certificate to Operate, pursuant to § 23.1-229 of the Code of Virginia.

Signature _____ Date _____