

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development Division
 Private Business and Vocational Schools
 100 North First Street, E-310
 Springfield, Illinois 62777-0001

CHIEF MANAGING EMPLOYEE QUALIFICATION RECORD

INSTRUCTIONS: SUBMIT FORM IN DUPLICATE AND APPROVED COPY WILL BE RETURNED FOR SCHOOL FILES.

NAME OF SCHOOL _____

STREET ADDRESS (Street, City, State, Zip Code) _____

CHECK APPROPRIATE BOX TO INDICATE FOR WHICH ADMINISTRATIVE POSITION APPROVAL IS BEING SOUGHT <input type="checkbox"/> Chief Managing Employee <input type="checkbox"/> Assistant Managing Employee*	NAME OF APPLICANT _____	
	STREET ADDRESS (Street, City, State, Zip) _____	
	TELEPHONE (Include Area Code) _____	E-MAIL _____

APPLICANT MUST DESIGNATE WHICH OPTION HE/SHE IS DECLARING FOR APPROVAL AND SUBMIT DOCUMENTATION TO SUBSTANTIATE.

- Graduation from a state-approved, four-year, degree-granting school with satisfactory completion of twenty-four (24) semester hours in administration/management, in professional education, or in one or more of the subject areas in which the school provides instruction **(Complete Section A below.)**
- A combination of not less than 6,000 clock hours (the equivalent of 3 years) of training and on-the-job experience in one or more of the subject areas in which the school provides instruction and at least 2,000 clock hours (the equivalent of one year) of administrative/managerial experience. **(Complete Sections A and B below, as applicable.)**

SECTION A	SECTION B
TRANSCRIPTS OF COURSES TAKEN AT INSTITUTIONS OF ACADEMIC TRAINING	VERIFICATION OF ON-THE-JOB TRAINING AND EXPERIENCE
Attached are transcripts from the following state-recognized/approved colleges which identify courses in administration/management, professional education, and/or subject areas related to courses offered by this school:	Attached are documents verifying training in subject areas related to courses offered by this school and documentation of administrative/managerial experience from:
1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

I hereby certify that the above information is true and the attached documentation is authentic.

Date

Signature of Applicant

**CHIEF MANAGING EMPLOYEE APPROVAL
 (For Assistant's Application Only)**

I certify that I have reviewed the documents and affirm that the applicant satisfies requirements for approval by the Superintendent.

Date

Signature

ILLINOIS STATE BOARD OF EDUCATION APPROVAL

Date

Signature

***NOTE: Each assistant chief managing employee shall at minimum meet the qualifications of a chief managing employee or a faculty member as specified by rules.**