

HOSPITAL SCHOOL STAFF ROSTER

SCHOOL NAME: _____ CAMPUS: _____

Your school must submit the Hospital School Staff Roster form(s) listing all employees having contact with students (including clerical, administrative, instructional, and recruiting staff) at the main campus and any branches to the Executive Director of the Office of Higher Education. Submit one form per campus. Your school must submit to the Executive Director the current Hospital School Staff Roster(s) as part of the application for initial approval or renewal approval. Print clearly.

Your school must submit a revised Hospital School Staff Roster(s) (HPOSA AP Page 7) to the Executive Director in conjunction with each addition or deletion of an employee having student contact.

Name of Employee	Position(s) Held
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

If more space is required continue on separate sheet(s).

This Hospital School Staff Roster list is complete and accurate. Each employee listed on the Hospital School Staff Roster meets the minimum requirements for the position in which employed, and specifically for Director, Instructor, Recruiter, or where required waivers. I understand that the Executive Director shall be informed promptly of any changes in school personnel.

I, as an authorized school official, do swear or affirm that the above statements made in this Hospital School Staff Roster are complete and correct to the best of my knowledge and belief:

Name of Official: _____ Position: _____

Signature: _____ Date: _____