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BOARD USE ONLY
APP Processed by ____
APP Reviewed by ____

FORM 3120 – INSTRUCTOR REGISTRATION NEW PROGRAM OF STUDY

No Fee

NAME OF SCHOOL	

NAME OF PROGRAM	

List the name of each currently approved instructor in alphabetical order, who will be teaching in this program. Attach additional **FORM 3120's** as needed.

(Lines will expand as needed)

NAME OF REGISTERED INSTRUCTOR	**For Board Use Only: Information Verified By**

STATEMENT OF COMPLIANCE

Under penalty of perjury, I certify that these are the instructors currently employed. I further certify that the name and qualifications of any additional instructor employed for this program shall be supplied to the Board staff within thirty calendar days of employment on the required form and in the manner prescribed.

Printed Name of Official		Title	

Signature of Official **(Sign in Blue Ink)**		Date	