



**Bureau for Private Postsecondary Education**  
P.O. Box 980818 West Sacramento, CA 95798-0818  
(888) 370-7589 • www.bppe.ca.gov



# Task Force Member Application

## 1. Applicant Information:

Name:

First Middle Last

Address:

Street City County State Zip

Contact Information:

Mobile Phone Fax

E-mail

## 2. You are a:

- Advisory Committee Member
- Postsecondary Education Expert
- Consumer Advocate
- High-Demand Technology Field Employer
- Student in a High-Demand Technology Field Education Program
- Provider of a High-Demand Technology Field Education Program
- Other \_\_\_\_\_

**3. Please explain your qualifications for a position on the taskforce and what perspective you will bring: (See SB 1247, Lieu, Chapter 840, Statutes of 2014: Education Code Section 94880.1)**



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**4. Please provide your current business or professional address:**

Please leave blank if currently not working.

**Professional Title:**

**Business/Firm/Office:**

**Business Address:**

|               |             |               |              |            |
|---------------|-------------|---------------|--------------|------------|
| <b>Street</b> | <b>City</b> | <b>County</b> | <b>State</b> | <b>Zip</b> |
|---------------|-------------|---------------|--------------|------------|

**Contact Information:**

|               |              |            |
|---------------|--------------|------------|
| <b>Mobile</b> | <b>Phone</b> | <b>Fax</b> |
|---------------|--------------|------------|

**E-mail**

**5. Please provide your complete professional work history, starting with the most recent.**

If you have additional work history to include, please provide an addendum to the application detailing this information.

**Work History 1:**

**Professional Title:**

|                              |                  |
|------------------------------|------------------|
| <b>Business/Firm/Office:</b> | <b>Telephone</b> |
|------------------------------|------------------|

|                            |             |           |
|----------------------------|-------------|-----------|
| <b>Date of Employment:</b> | <b>From</b> | <b>To</b> |
|----------------------------|-------------|-----------|

**Business Address:**

|               |             |               |              |            |
|---------------|-------------|---------------|--------------|------------|
| <b>Street</b> | <b>City</b> | <b>County</b> | <b>State</b> | <b>Zip</b> |
|---------------|-------------|---------------|--------------|------------|

**Brief summary of job duties:**



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**Work History 2:**

**Professional Title:**

**Business/Firm/Office:**

**Telephone**

**Date of Employment:      From                      To**

**Business Address:**

**Street                                      City                      County                      State                      Zip**

**Brief summary of job duties:**

**6. Please provide your complete educational history starting with the most recent degree/certificate earned.**

If you attended more than two institutions, please provide an addendum to the application detailing this information.

**Institution Attended:**

**Degree/Certificate Earned:**

**City:**

**Major:**

**From:**

**To:**

**Institution Attended:**

**Degree/Certificate Earned:**

**City:**

**Major:**

**From:**

**To:**



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**7. Military Service:**                      **Yes**                                      **No**

**If yes, please complete the following:**

**Branch:**

**Rank:**

**State of Service:**

**Service Dates:**      **From**                                      **To**

**8. Professional Licenses & Certificates:**

Please leave blank if you have none.

**Name:**

**Received on:**                                      **Expires on:**

**Name:**

**Received on:**                                      **Expires on:**

**Name:**

**Received on:**                                      **Expires on:**

**9. Please list all Associations, Organizations, and Societies you are or have been affiliated with:**

**Name:**

**Title:**

**Membership dates:**      **From**                                      **To**

**Current Member:**                              **Yes**

**Name:**

**Title:**

**Membership dates:**      **From**                                      **To**

**Current Member:**                              **Yes**



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**Name:**

**Title:**

**Membership dates:            From                            To**

**Current Member:            Yes**

**10. Have you ever been a registered lobbyist or have you lobbied at any level of government?**

**If yes, please provide a brief summary of duties and please include dates.**

**11. Have you ever been formally disciplined or cited for a breach of ethics or unprofessional conduct by an organization?**

**If yes, please explain.**



**12. Is there anything in your background that, if made known to the general public through your appointment, would cause an embarrassment to you, the Department of Consumer Affairs, or the administration?**

**If yes, please explain.**

**13. Please describe your knowledge of the Bureau for Private Postsecondary Education and its role as a regulator.**



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**14. Please explain why you wish to serve on the Task Force.**

**15. What do you feel you can contribute to the Task Force? Please explain how many hours per month you can volunteer to review materials and/or prepare work products?**



**16. Please provide three references that the Bureau may contact regarding your interest in this appointment.**

**Name:**

**Title:**

**Business/Firm/Office Name:**

**Office Phone:**

**Cell Phone:**

**E-mail:**

**Your relationship to this person?**

**Name:**

**Title:**

**Business/Firm/Office Name:**

**Office Phone:**

**Cell Phone:**

**E-mail:**

**Your relationship to this person?**

**Name:**

**Title:**

**Business/Firm/Office Name:**

**Office Phone:**

**Cell Phone:**

**E-mail:**

**Your relationship to this person?**



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**I hereby submit my name for consideration to serve as a member of a taskforce to the Director of the Department of Consumer Affairs. In doing so, I understand that:**

1. Persons serving on the Task Force shall be volunteers and shall serve without per diem.
2. Persons serving on the Task Force are entitled to travel reimbursement for approved Task Force meetings.
3. Persons serving on the Task Force are required to complete a Fair Political Practices Commission (FPPC) Form 700 Statement of Economic Interest disclosing their personal assets and income.
4. Persons serving on the committee as an appointee of the Director of the Department of Consumer Affairs serve at his or her pleasure.

**I certify, under the penalty of perjury, under the law of the State of California, that the information in this application and any attachments are true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All persons interested in an appointment to the Bureau for Private Postsecondary Education Task Force please submit:**

- 1) **A completed and signed application**
- 2) **A current resume/curriculum vitae**

**Please submit to: Department of Consumer Affairs  
1625 N. Market Street, Suite S-308  
Sacramento, CA 95834  
Attention: Christine Lally  
Or via email to: [Christine.Lally@dca.ca.gov](mailto:Christine.Lally@dca.ca.gov)**

**INFORMATION COLLECTION AND ACCESS**

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals. Agency name: Department of Consumer Affairs, 1625 North market Boulevard, Suite S-308, Sacramento, CA 95825; Telephone: (916) 263-2300. The authority that authorizes the maintenance of the information is the Business and Professions Code and Pub. L. 94-455 (42 U.S.C.A. 405(c)(2) ). The principal purpose(s) for which information is to be used is to determine eligibility. Any known or foreseeable interagency or intergovernmental transfer that may be made of the information, when necessary, is to other federal, state, and local law enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency, except for information exempt from disclosure pursuant to Section 6254 of the Government Code or Section 1798.40 of the Civil Code.