



Bureau for Private Postsecondary Education  
2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833  
P.O. Box 980818, West Sacramento, CA 95798-0818  
P (916) 431-6959 F (916) 263-1896 [www.bppe.ca.gov](http://www.bppe.ca.gov)



# Advisory Committee Application

## 1. Name of Applicant:

**First Name:**  
**Middle Name:**  
**Last Name:**

**Address:**  
**City:**  
**County:**  
**State:**  
**Zip:**

**Mobile:**  
**Phone:**  
**Fax:**  
**E-mail:**

## 2. Position Sought: (See California Education Code [Section 94880](#))

- Consumer Advocate**
- Current or Past Student of an institution approved by the Bureau for Private Postsecondary Education**
- A Representative of an institution approved by the Bureau for Private Postsecondary Education**
- Employer of Students**

**Please explain your qualifications for the position sought.**



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**3. Please provide your current business address:**

Please leave blank if currently not working.

**Professional Title:**  
**Business/Firm/Office:**

**Business Address:**  
**City:**  
**County:**  
**State:**  
**Zip:**

**Mobile:**  
**Office:**  
**Home:**  
**Fax:**  
**E-mail:**

**4. 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:**  
**Business/Firm/Office:**

**Date of Employment:**  
**From:                      To:**

**Address:**  
**City:**  
**County:**  
**State:**  
**Zip:**  
**Office Telephone:**



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**Brief summary of job duties:**

**Work History 2:**

**Professional Title:**  
**Business/Firm/Office:**

**Date of Employment:**  
**From:                      To:**

**Address:**  
**City:**  
**County:**  
**State:**  
**Zip:**  
**Office Telephone:**

**Brief summary of job duties:**



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**5. 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:**

**6. Military Service:**

**Yes**

**No**

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

**Branch:**

**Rank:**

**State of Service:**

**Service Dates:**

**From:**

**To:**

**Brief summary of job duties:**



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**7. 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:**

**Details:**

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

**Name:**

**Title:**

**Membership dates:**

**From:**                                      **To:**

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



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**Name:**

**Title:**

**Membership dates:**

**From:**

**To:**

**Current Member:**

**Yes**

**Name:**

**Title:**

**Membership dates:**

**From:**

**To:**

**Current Member:**

**Yes**

**9. Have you ever served on a Board, Committee, or Council for an entity within the Department of Consumer Affairs or any other California State Agency?**

**Yes**

**No**

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

**Agency:**

**Title:**

**Service Dates:**

**From:**

**To:**

**Additional Information:**



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**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. Have you ever been involved in civil litigation, or administrative or legislative proceedings of any kind, either as plaintiff, defendant, respondent, witness or party in interest?**

**If yes, please explain.**



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**13. Do you know anyone who might take any steps to oppose your appointment?**

**If yes, please explain.**

**14. 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.**

**15. Please describe your knowledge of the Bureau for Private Postsecondary Education and your opinion on the job the Bureau is doing.**





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**16. Please explain why you wish to serve on the BPPE Advisory Committee.**

**17. What do you feel you can contribute to the BPPE Advisory Committee? Please explain how many hours per month you can volunteer to review materials and/or prepare work products?**

**18. Please explain what you think is the biggest concern facing private post-secondary education? Over the next five years?**



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**19. Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor, consultant, etc.) with any postsecondary educational institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.).**

**20. Do you own real property, personal property, financial holdings, or receive income from any source which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If so, explain.**



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**21. Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate, or issue? If so, explain.**

**22. Have you been publicly identified, in person or by organizational members, with a particularly controversial national, state, or local issue? If so, explain.**



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**23. Please provide four 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?**

**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 in an advisory capacity to the Director of the Department of Consumer Affairs. In doing so, I understand that:**

1. Persons serving on the Advisory Committee shall be volunteers and shall serve without per diem.
2. Persons serving on the Advisory Committee are entitled to travel reimbursement for approved Advisory Committee meetings.
3. Persons serving on the Advisory Committee 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 Advisory Committee 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: Christopher Castrillo  
Or via email to: [Christopher.Castrillo@dca.ca.gov](mailto:Christopher.Castrillo@dca.ca.gov)**



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### **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.