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| State Use Only |
| Ck:#\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Specialist: \_\_\_\_\_\_  AMT:$\_\_\_\_\_\_\_\_\_\_\_\_ AMT Applied:\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_ |

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**CHECKLIST FOR APPLICATION TO OPERATE A COLORADO PRIVATE OCCUPATIONAL SCHOOL**

Must be typed and submitted with application.

**Note to Applicants:** Applications must be completed electronically, printed, notarized, and submitted to the Division with full payment via mail or hand delivery. Handwritten and incomplete applications will not be accepted. Please refer to the [New (In-State) School FAQs](http://highered.colorado.gov/DPOS/Schools/forms.html) for assistance in completing this application.

**PLEASE NOTE:** The Division of Private Occupational Schools is not required to act upon any application until all materials constituting an application have been submitted. An application for a school’s Certificate of Approval or agent’s permit to operate a private occupational school may be denied, suspended or revoked if the applicant has furnished false or misleading written or oral statements, documents, or other representations to the Division of Private Occupational Schools with the intent to mislead or conceal the truth of any matter to be considered by the Division of Private Occupational Schools as a factor in approval of the application. It is the school’s obligation to make reasonable inquiry before completing this application to ensure its accuracy and completeness.

Pages 1 and 2 list the documents, as applicable, that must be attached to this application before it will be reviewed by Division staff and forwarded to the Board for consideration. Please refer to the [New (In-State) School FAQs](http://highered.colorado.gov/DPOS/Schools/forms.html) for details.

**REQUIRED Application Attachments:** (Please refer to the [Program and Stand Alone Course Approval Form](https://highered.colorado.gov/DPOS/Schools/forms.html) for required attachments concerning programs/courses)

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| **APPLICATION FEE** - See [Fee Schedule](https://highered.colorado.gov/DPOS/Schools/feeschedule.html) for required Provisional School fee. | Yes |
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| **SECTION ONE – DEMOGRAPHICS** |  |
| **Type of Business Documentation** (select one):  **Sole Proprietorship**   * No attachments required.   **Partnership**   * + A copy of the Articles of Incorporation.   + A copy of the Certificate of Good Standing from the Office of the Secretary of State.   **Corporation or Limited Liability Company (LLC)**   * + A copy of the Articles of Incorporation.   + A copy of the Certificate of Good Standing from the Office of the Secretary of State.   + If an out-of-state corporation, include Statement of Foreign Entity Authority to transact business in Colorado. | Yes  Yes  Yes  Yes  Yes  N/A |
| **SECTION TWO – (SALES) AGENT INFORMATION** |  |
| **Please Note:** An agent permit is required for ALL individuals who represent the school in recruiting students. **Only the approved Agent is authorized to sign an Enrollment Agreement as the school’s licensed agent**. In most cases, the school’s Agents must renew on the same cycle as the renewal of the school’s Certificate of Approval (COA).   * Agent Fee(s) (see [Fee Schedule](http://highered.colorado.gov/DPOS/Schools/feeschedule.html) for required Agent fee). * [Agent Application(s)](https://highered.colorado.gov/DPOS/Schools/forms.html) including court documentation, if applicable. | Yes  Yes |
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| **SECTION THREE – SURETY INFORMATION** |  |
| * Documentation of the original, properly executed, surety instrument ([Bond, Certificate of Deposit, Irrevocable Letter of Credit](https://highered.colorado.gov/DPOS/Schools/forms.html), contract with private entity) verifying adequate coverage. | Yes |
| * Proposal in the form of a letter signed by an authorized representative of the school showing in detail the calculations made pursuant to §23-64-121, C.R.S. (See [New (In-State) School FAQs](http://highered.colorado.gov/DPOS/Schools/forms.html) for details.)   Please note: Surety instrument and proposal must match Section Three of the application. | Yes |
|  |  |
| **SECTION FOUR – ADDITIONAL SCHOOL INFORMATION** |  |
| **Financial Information:**   * Current Balance Sheet including pro forma for new school. * Current Income and Expense Statement (for the school itself and parent firm, if applicable).   **Educational Offerings**   * Copy of the school’s [Catalog](https://highered.colorado.gov/DPOS/Schools/forms.html). * [Catalog Checklist](https://highered.colorado.gov/DPOS/Schools/forms.html). * Copy of the school’s [Enrollment Agreement](https://highered.colorado.gov/DPOS/Schools/forms.html). * [Enrollment Agreement Checklist](https://highered.colorado.gov/DPOS/Schools/forms.html). * List of the school’s instructors. * [Program and Stand Alone Course Approval Form](https://highered.colorado.gov/DPOS/Schools/forms.html) and all required attachments listed on the form for each program/course listed on page 6 of the application. (See [Fee Schedule](http://highered.colorado.gov/DPOS/Schools/feeschedule.html) for required program/course fees.) * Draft copies of transcripts and/or certificates of completion in compliance with [Rule III.I](https://highered.colorado.gov/DPOS/Laws/Forms/rules_061418.pdf). * Draft copies of media advertising and promotional literature, either contemplated or currently in use, if applicable. * Accreditation letter/certificate, if applicable.   **Facility Information**   * Copy of facility’s signed lease agreement. * Current safety inspection report(s) for facility (and equipment, if applicable). | Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  N/A  Yes  N/A  Yes  Yes |
| **SECTION FIVE – REQUIRED DISCLOSURES** |  |
| * Franchise Agreement, if applicable. * Documentation provided for explanations to “Yes” answers in this section. (Refer to Application Section Five.) | Yes  N/A  Yes  N/A |
| **SECTION SIX - AFFIDAVIT** | |
| * Notarized signature of School Officer or Principal Owner. | Yes |
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| **SITE VISIT AND RECORDS** |
| Once the application is complete and all attachments have been submitted, you can begin preparing for the site visit by preparing the following: |
| **Facility**   * Ensure equipment is present and working properly. * Ensure the facility will accommodate the amount of anticipated students. * The facility must be properly cleaned and maintained. * Ensure proper school signage is displayed.   **Educational Services**   * Have current textbooks, instructional materials, teaching aids, library, and reference materials on site. * Have proof of approval by any additional regulatory bodies who oversee your facility or type of training, if applicable.   **Student Records**  Student records must be kept in a secure location. Electronic records are acceptable. All student records must include the following:   * Copy of the fully executed enrollment agreement, signed and dated by both parties. * Progression notes. * Attendance records. * Financial records. * Withdrawal records. * Record of any counseling and/or student grievance. * Copy of student transcript and/or certificate of completion.   **Instructor Files**   * Completed [Instructor Application](https://highered.colorado.gov/DPOS/Schools/forms.html). * If applicable, a photocopy of applicable license, certification, registration, journeyman’s card, or similar regulatory credential, and a statement of good-standing from the applicable board, agency, association, or similar regulatory body. * Proof of continued competency (See [Rule III.E.2.g](https://highered.colorado.gov/DPOS/Laws/Forms/rules_061418.pdf)). * If the school accepts students less than 16 years of age, all instructors must submit to a background check through the CBI. |
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| State Use Only |
| Ck:#\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Specialist: \_\_\_\_\_\_  AMT:$\_\_\_\_\_\_\_\_\_\_\_\_ AMT Applied:\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_ |

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**APPLICATION TO OPERATE A COLORADO PRIVATE OCCUPATIONAL SCHOOL**

**Must be typed.** Refer to [fee schedule](https://highered.colorado.gov/DPOS/Schools/feeschedule.html) for fees.

**Note to Applicants:** Applications must be completed electronically, printed, notarized, and submitted to the Division with full payment via mail or hand delivery. Handwritten and incomplete applications will not be accepted. Please refer to the [New (In-State) School FAQs](http://highered.colorado.gov/DPOS/Schools/forms.html) for assistance in completing this application.

**PLEASE NOTE:** The Division of Private Occupational Schools is not required to act upon any application until all materials constituting an application have been submitted. Attachments are required for all items with **\*\*.**  Please refer to the checklist at the beginning of this application for details.

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| **SECTION ONE - DEMOGRAPHICS** | | | | | | | |
| **School Information** | | | | | | | |
|  | | | | | | | |
| Official Name Of School: | | | | | Date: MM/DD/YYYY | | |
| Physical Address: Street, City, State, Zip | | | | | | | |
| Mailing Address: Street, City, State, Zip | | | | | | | |
| Primary Phone: | | Alternate Phone: | | | | | |
| School Email: | | | | | | | |
| School Website: | | | | | | | |
|  | | | | | | | |
| Does the school provide training at any location other than listed above? If yes, list below: (If more space is needed, attach a separate sheet.) | | | | | | Yes | No |
| 1. Address: Street, City, State, Zip | | | | Phone Number: | | | |
| 1. Address: Street, City, State, Zip | | | | Phone Number: | | | |
| 1. Address: Street, City, State, Zip | | | | Phone Number: | | | |
| 1. Address: Street, City, State, Zip | | | | Phone Number: | | | |
| 1. Address: Street, City, State, Zip | | | | Phone Number: | | | |
|  | | | | | | | |
| **School Contact Information** | | | | | | | |
|  | | | | | | | |
| 1. Person Submitting Application: First , Last | | | Title: | | | | |
| Phone Number: | Email: | | | | | | |
|  | | | | | | | |
| School Director (if different from above): First , Last | | | | | | | |
| Phone Number: | Email: | | | | | | |
|  | | | | | | | |
| 1. Primary School Contact: | | | Title: | | | | |
| Phone Number: | Email: | | | | | | |
|  | | | | | | | |
| 1. Designated Agent\*:First , Last | | | | | | | |
| Address: Street, City, State, Zip | | | | | | | |
| Phone Number: | Email: | | | | | | |
| \*Name and Colorado address of Designated Agent upon whom any process, notice or demand may be served. This address must be separate than that of the school. | | | | | | | |
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| **SECTION ONE – DEMOGRAPHICS (Cont’d.)** | | | | | | | | | | |
| **Type of Business (Select One) \*\*** | | | | | | | | | | |
| **Sole Proprietorship** | | | Individual’s Name: | | | | | | | |
| **Partnership** | | | Partnership Name: | | | | | | | |
| **Corporation** | | | Corporation Name: | | | | | | | |
| **Limited Liability Company (LLC)** | | | LLC Name: | | | | | | | |
| Business contact information (as registered with the Colorado Secretary of State): | | | | | | | | | | |
| Street Address: Street, City, State, Zip | | | | | | | | | | |
| Phone Number: | | | | | Email: | | | | | |
|  | | | | | | | | | | |
| List the name, home address, phone number, title of each partner/owner/corporate officer and/or member/stockholder having controlling interest in the school: (If more space is needed, attach a separate sheet.) | | | | | | | | | | |
| 1. Name: | | | | | | | Title: | | | |
| Home Address: Street, City, State, Zip | | | | | | | | | Phone Number: | |
|  | | | | | | | | | | |
| 2. Name: | | | | | | | Title: | | | |
| Home Address: Street, City, State, Zip | | | | | | | | | Phone Number: | |
|  | | | | | | | | | | |
| 3. Name: | | | | | | | Title: | | | |
| Home Address: Street, City, State, Zip | | | | | | | | | Phone Number: | |
|  | | | | | | | | | | |
| 4. Name: | | | | | | | Title: | | | |
| Home Address: Street, City, State, Zip | | | | | | | | | Phone Number: | |
|  | | | | | | | | | | |
| 5. Name: | | | | | | | Title: | | | |
| Home Address: Street, City, State, Zip | | | | | | | | | Phone Number: | |
|  | | | | | | | | | | |
| 6. Name: | | | | | | | Title: | | | |
| Home Address: Street, City, State, Zip | | | | | | | | | Phone Number: | |
| **SECTION TWO – (SALES) AGENT INFORMATION \*\*** | | | | | | | | | | |
| Total number of Sales Agents being submitted with this application: (If more space is needed, attach a separate sheet.) | | | | | | | | | | |
| 1. First, Last | | | | | | 1. First, Last | | | | |
| 1. First, Last | | | | | | 1. First, Last | | | | |
| 1. First, Last | | | | | | 1. First, Last | | | | |
| 1. First, Last | | | | | | 1. First, Last | | | | |
| 1. First, Last | | | | | | 1. First, Last | | | | |
| **SECTION THREE – SURETY INFORMATION \*\*** | | | | | | | | | | |
| Type of Surety (Select all that apply): | | | | | | | | | | |
| Bond | CD | Savings Account | | Irrevocable Letter of Credit | | | | Contract with private entity (Rule IV.E.7) | | |
|  | | | | | | | | | | |
| Current surety/bond calculation (highest amount of pre-paid, unearned tuition anticipated in the first 12 months): | | | | | | | | | | $ |
| Current total surety coverage (This amount cannot be less than the calculation above): | | | | | | | | | | $ |
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| **\*\*** Attachments required, refer to checklist for details. | | | | | | | | | | |
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| **SECTION FOUR – ADDITIONAL SCHOOL INFORMATION** | | | | | | | | |
| **Financial Information** | | | | | | | | |
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| List the name and addresses of all financial institutions with which the school conducts business: (If more space is needed, attach a separate sheet.) | | | | | | | | |
| 1. Name: | | | | | Type of Account(s): | | | |
| Address: Street, City, State, Zip | | | | | | | | |
| 2. Name: | | | | | Type of Account(s): | | | |
| Address: Street, City, State, Zip | | | | | | | | |
|  | | | | | | | | |
| List the names of all lending/funding institutions the school accepts as a funding source for student tuition (e.g., private entities, VA, Workforce, etc.): | | | | | | | | |
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| **Educational Offerings \*\*** | | | | | | | | |
|  | | | | | | | | |
| Tuition Range: | From: $ | To: $ | | Number of students anticipated in first year: | | | | |
|  | | | | | | | | |
| Will the school offer any programs or courses that contain an externship or internship component? | | | | | | | Yes | No |
|  | | | | | | | | |
| Will the school offer any programs or courses that include online or distance education? | | | | | | | Yes | No |
|  | | | | | | | | |
| Total Number of Programs being submitted: (If more space is needed, attach a separate sheet. Refer to [Rule](https://highered.colorado.gov/DPOS/Laws/default.html#rules) for definition of Program) | | | | | | | | |
| Program Title | | | | Program Title | | | | |
| Program Title | | | | Program Title | | | | |
| Program Title | | | | Program Title | | | | |
| Program Title | | | | Program Title | | | | |
| Program Title | | | | Program Title | | | | |
|  | | | | | | | | |
| Total Number of Stand-Alone Courses being submitted: (If more space is needed, attach a separate sheet. Refer to [Rule](https://highered.colorado.gov/DPOS/Laws/default.html#rules) for definition of Stand-Alone Course) | | | | | | | | |
| Stand-Alone Course Title | | | | Stand-Alone Course Title | | | | |
| Stand-Alone Course Title | | | | Stand-Alone Course Title | | | | |
| Stand-Alone Course Title | | | | Stand-Alone Course Title | | | | |
| Stand-Alone Course Title | | | | Stand-Alone Course Title | | | | |
| Stand-Alone Course Title | | | | Stand-Alone Course Title | | | | |
|  | | | | | | | | |
| **Accredited Schools Only \*\*** | | | | | | | | |
|  | | | | | | | | |
| Name of accrediting organization: | | | | | | | | |
| Title IV Approval Date: MM/YYYY | | | Default Rate:      % | | | Placement Rate:      % | | |
|  | | | | | | | | |
| Types of Financial Aid Offered: | | | | | | | | |
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| **\*\*** Attachments required, refer to checklist for details. | | | | | | | | |
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| **SECTION FIVE – REQUIRED DISCLOSURES** | | |
| 1. Are there any other regulatory bodies or national organizations that oversee the school, the facility, or the type of training offered at the school? | Yes | No |
| If yes, list below: (If more space is needed, attach a separate sheet.) | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 2. Is the school a franchise? **\*\*** | Yes | No |
|  | | |
| 3.Does the school teach students under the age of 16 years? If yes, instructors teaching these students are subject to a criminal background check. Contact the Division for specific instructions. | Yes | No |
|  | | |
| 4. Has the school director, owner, or any of the school’s corporate officers previously owned any private occupational school, other than the school listed in this application? | Yes | No |
| If yes, list below: (If more space is needed, attach a separate sheet.) | | |
| 1. Name of School: | State: | |
| 1. Name of School: | State: | |
|  | | |
| If any question below is answered “yes”, attach a written explanation. Include official court documentation which outlines the date and circumstances surrounding the case including, if applicable, charges and disposition of the court case which demonstrates completion of any probation or court ordered terms. (**Please note:** failure to accurately report criminal history may be grounds for immediate board action including but not limited to denial of agent permits or certificate to operate as a private occupational school.) | | |
|  | | |
| Has any principal owner(s), officer(s) or any person in a management capacity ever: **\*\*** | | |
| 5. Been involved in a bankruptcy? | Yes | No |
| 6. Been convicted of or pled guilty to a felony, or are charges pending? | Yes | No |
| 7. Been convicted of or pled guilty to a misdemeanor other than a minor traffic violation, or are misdemeanor charges pending? | Yes | No |
| 8. Been dismissed or allowed to resign from any position for immoral or unprofessional conduct? | Yes | No |
| 9. Had a professional license or permit disciplined, denied, revoked, or relinquished in Colorado or any other state? | Yes | No |
| 10. Ever been disciplined by any governmental regulatory body or professional association in Colorado or any other state? | Yes | No |
|  | | |
| **\*\*** Attachments required, refer to checklist for details. | | |
| **SECTION SIX - AFFIDAVIT** | | |
| Application is hereby made for a Certificate of Approval to operate a Private Occupational School in conformity with the provisions of the [Private Occupational Education Act of 1981](http://highered.colorado.gov/DPOS/Laws/default.html#statutes), and the [Rules and Regulations](https://highered.colorado.gov/DPOS/Laws/default.html#rules) promulgated pursuant to the Act. It is understood that the Division of Private Occupational Schools, upon review and evaluation of this application, may require further information to be submitted and shall conduct such investigation and appraisal as it deems necessary and appropriate prior to the issuance of a Certificate of Approval. | | |
|  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes and attests that each of the statements in this  (Printed name of School Officer or Principal Owner)  application and all items included as a part of this application are true and correct to the best of my knowledge.    Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, where witnessed:  Subscribed and sworn to before me this\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_.    My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |