

PRIVATE CAREER SCHOOL RENEWAL APPLICATION

NJAC Title 12, Chapter 41



**STATE OF NEW JERSEY
Department of Education
Department of Labor and Workforce Development**

The renewal application contains procedural changes. Please read the instructions thoroughly before completing.

Included in the renewal application packet are forms and instructions for the renewal of the Certificate of Approval to operate a private vocational school in accordance with the New Jersey Administrative Code, Title 12, Chapter 41 (NJAC 12:41-1 et seq.). Additional forms can be downloaded or printed from the Training Evaluation Unit's (TEU) web page at <http://lwd.dol.state.nj.us/labor/lwdhome/coei/teu.html>.

NJAC 12:41-2.4(f) requires private vocational schools to submit this application. All completed applications **must** be submitted no later than 90 calendar days prior to the expiration date of the school's current Certificate of Approval. Failure to submit this application within the prescribed 90 days may result in a lapse in approval to provide training. Title IV and other Federal/State funding, and accreditation may be affected if there is a lapse in approval.

For technical assistance with occupational skills curriculum development, skill standards alignment; CIP Codes or staff credentials, please email New Jersey Department of Education (NJDOE) at privatecareerschools@doe.state.nj.us.

For technical assistance with literacy curriculum development, contact the Training Evaluation Unit of the New Jersey Department of Labor and Workforce Development (NJLWD) at TrainingEvaluationUnit@dol.nj.gov.

For technical assistance with other renewal related issues, please contact the following: If your school's name begins with the letters A-H and W-Z, please contact Jerrold Jacobson at (609) 984-5941 or via email at jerrold.jacobson@dol.state.nj.us. If your school's name begins with the letters I-V, please contact Linda Armstead at (609) 292-2253 or via email at linda.armstead@dol.state.nj.us.

Note: The NJDOE and NJLWD must receive revisions within 60 days of notification by either Department. Failure to make required revisions may result in the revocation of approval.

Please read the following instructions thoroughly before completing the renewal application. The attached Checklist of Required Documents for Renewal may serve as your guide to ensure that your application packet is complete. If additional forms are required, please visit <http://lwd.dol.state.nj.us/labor/lwdhome/coei/teu.html> to download or print them from the Initial Private Career School Application packet.

- 1. Application, Statement of Assurances and Fees:** This includes the *Application for Renewal of Certificate of Approval* and notarized *Affidavit Statement of Assurances*. This document provides assurances that the school is complying with state regulations regarding the quality of instruction, local fire ordinances, health and safety regulations and the tuition performance bond. The non-refundable renewal application fee is \$450 for each school site. Please include a **certified check or money order** payable to “Treasurer, State of New Jersey” with all required documentation.
- 2. Audited Financial Statement:** Refer to NJAC 12:41-2.4(f)1. Include the most recent copy of the school’s audited financial statement, review, compilation or Federal tax return.
- 3. Tuition Performance Bond:** Refer to NJAC 12: 41-2.4(f)2. Include a copy of the tuition performance bond certificate or continuation notice that specifies the name and address of the school (not the corporation), bond policy number, total amount of the bond and effective dates of the insurance coverage period. Please provide proof of premium payment, and name and address of the insurance company. The school’s current tuition performance bond must name the Commissioner of Labor and Workforce Development as obligee, be in a format designated by the Commissioner and be in the amount of \$10,000 or 2.5 percent of the annual gross income, whichever is greater.
- 4. School Catalog:** Include a copy of the current school catalog. Highlight new or revised policy changes since the last renewal. Catalogs should have a volume number on the cover with the dates of the school year. Be sure to include the school’s grievance procedure and refund policy. **If no changes have been made, please write on the catalog cover: “No changes made.”**
- 5. Enrollment Agreement:** Include a copy of the current enrollment agreement. Highlight policy changes and new language since the last renewal. **If no changes have been made, please write “No changes made” on the top sheet.**
- 6. Other Agency Approvals:** If applicable, submit copies of other agency approvals for the upcoming approval period. These agencies include *The New Jersey Board of Nursing* for Home Health Aide and Licensed Practical Nurse; *New Jersey Department of Health and Senior Services* for Certified Nurse’s Aide; and *New Jersey Department of Environmental Protection* for programs containing radiography.

7. **Sample Advertising Materials:** Please include copies of your web pages and current advertising materials. Highlight changes since the last renewal.
8. **Section K - Program Renewal Application:** List all currently approved programs that you plan to offer during the upcoming approval period. Programs not included on this list will be removed from the NJDOE and NJLWD’s database, and the Eligible Training Provider List (ETPL) will be notified to suspend these programs from the list. **This form must be submitted to the Department of Education for approval.**

NOTE: Those schools that exclusively offer literacy programs should forward the Section K – Program Renewal Application to the Department of Labor & Workforce Development for approval via email at trainingevaluationunit@dol.nj.gov.
9. **ETPL Listings:** Include copies of the school’s approved programs listed on the ETPL.
10. **Enrollment Profile:** Review the fields in the Enrollment Profile form and complete all requested information. Be sure to include the enrollment year under review. If an entering group’s program completes after the end of the specified enrollment year, include the enrollment data for this group in next year’s profile.
11. **Modifications:** In accordance with NJAC 12:41-2.4(f)3, submit any other documents that have been modified since your initial application or last renewal application.
12. **Changes to school or staff:** Changes to a school’s name, location, ownership or director may take place at any time during the approval period. If the school has experienced changes that have not yet been reported, please be sure to download the correct checklist and required forms from <http://lwd.dol.state.nj.us/labor/lwdhome/coei/teu.html>. Each checklist contains completion and mailing instructions.

APPROVAL OF SECTION Js

SECTION Js WILL NOT BE ACCEPTED WITH THE PRIVATE CAREER SCHOOL RENEWAL APPLICATION. SECTION Js FOR NEW OR MODIFIED PROGRAMS ONLY, ALONG WITH SUPPORTING DOCUMENTATION, MUST BE SUBMITTED UNDER SEPARATE COVER FOLLOWING THE INSTRUCTIONS INCLUDED WITH THE SECTION J. DO NOT SUBMIT SECTION Js FOR CONTINUING PROGRAMS THAT DO NOT CONTAIN CHANGES.

Staff Data Forms: Include completed *Private Career School Staff Data Forms* only for new instructors whose forms have not been previously submitted. **This form must be submitted to the Department of Education for approval.**

Catalog Modifications: Include a copy of the page from the school catalog illustrating the modification to the program.

License/Certificate: If the trade taught has a national certification, industry certification, or licensure, the instructor must hold this certification or license and must provide proof of with the Staff Data Form. Private Career Schools must provide the title of the industry license/certification test completers will prepared and what arrangements are provided by the school to assist students in obtaining their industry certifications or licenses.

TO SUBMIT YOUR RENEWAL APPLICATION:

Applications must be mailed; hand-delivered, emailed or faxed applications will not be accepted. Questions should not be directed to the Division of Accounting. Directing questions to the wrong office will delay the application process.

Please return all documents unbound and in checklist order. Send the completed renewal application including fee and all supporting documentation in one package to:

**Department of Labor and Workforce Development
Division of Accounting
PO Box 955
Trenton, New Jersey 08625-0955
Attn: Erica Slaughter**

For deliveries requiring a physical address, please use the following:

**Department of Labor and Workforce Development
Division of Accounting
John Fitch Way, 6th Floor
Trenton, New Jersey 08625
Attn: Erica Slaughter**

For all other correspondence with the NJLWD's Training Evaluation Unit, please use the following address:

**Department of Labor & Workforce Development
Training Evaluation Unit
PO Box 057
Trenton, New Jersey 08625-0057**

For deliveries requiring a physical address, please use the following:

**Department of Labor & Workforce Development
Training Evaluation Unit
John Fitch Way, 5th Floor
Trenton, New Jersey 08625**

**DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
CHECKLIST OF REQUIRED DOCUMENTS FOR RENEWAL APPROVAL**

School Name: _____ Location: _____

Approval Expiration Date: _____

Instructions: Please review the items included on this checklist and use a check (√) to indicate that the item has been completed and the required materials are enclosed. Items should be submitted in checklist order.

Please check (√)	Item	For LWD Use Only	
		LWD Comments/Issues	
	1. Requirements for PCS Renewal Checklist		
	2. Application for Renewal Approval		
	3. Accreditation data		
	4. Signed and notarized Statement of Assurances		
	5. Non-refundable renewal fee of \$450 in the form of a certified check or money order only, payable to the "Treasurer, State of New Jersey"		
	6. Current Financial Report in the form of: <ul style="list-style-type: none"> • Audited Financial Statement; • Review; • Compilation; or • Signed Federal Tax Return 	Gross Income: Financial Approval Date:	
	7. Tuition Performance Bond naming NJ Department of Labor and Workforce Development as obligee: <ul style="list-style-type: none"> • Copy of current bond agreement with expiration date; and • Proof of coverage or payment for approval period 	Bond Co.: Policy No.: Amt. of Bond: Expiration Date:	
	8. Proof of continued Public Liability and Workers' Compensation Insurance Policy		
	9. Certificate of Fire Inspection (current)		
	10. Building lease signed by both school and building owners		
	11. School catalog (highlight revisions)		
	12. Student Enrollment Agreement (highlight revisions)		
	13. Proof of other agency approvals (if applicable)		
	14. Samples of advertising materials		
	15. Copies of ETPL entries (www.njtopps.com)		
	16. Completed Enrollment Profile Form	Total Enrolled:	
	17. Specify any other modifications since last approval		
	18. Changes to school or staff: Download forms from: http://lwd.dol.state.nj.us/labor/lwdhome/coei/teu.html		

For LWD Use Only:	
Date Received:	Date Approved:
Signature:	Renewal Period:

ALL FORMS MAY BE DUPLICATED AS NEEDED

APPLICATION FOR RENEWAL OF CERTIFICATE OF APPROVAL

Please complete the Application for Renewal of Certificate of Approval to operate a private career school in accordance with N.J.A.C. 12: 41-1 et seq.

Date: _____

I. SCHOOL DATA:

Name of School: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Fax Number: () _____

Federal I.D. Number: _____ Email Address: _____

Web Page Address: _____

II. OWNER DATA:*

Name of Owner(s): _____

Home Address: _____

Home Telephone Number: () _____ Email Address: _____

**If there is more than one owner, please attach an additional sheet with information for each owner.*

III. CORPORATE DATA: Corporation LLC Partnership Sole Proprietorship

Name of Corporation: _____

Address of Corporation: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Fax Number: () _____

IV. SCHOOL DIRECTOR DATA:

Name of School Director: _____

Home Address: _____

Telephone Number: () _____ Email Address: _____

Name of co-director in charge of the school in the absence of the director _____

V. ACCREDITATION STATUS

The school is presently accredited by the following agencies:

1. **Accreditation Agency Name:** _____
Address: _____
Address: _____
Date of Accreditation: _____

2. **Accreditation Agency Name:** _____
Address: _____
Address: _____
Date of Accreditation: _____

INCLUDE PROOF OF SCHOOL'S CURRENT ACCREDITATION STATUS FROM THE ACCREDITING COMMISSION. (ACCREDITING COMMISSION MUST BE RECOGNIZED BY THE UNITED STATES DEPARTMENT OF EDUCATION)

New Jersey Department of Education

Submission Directions and Minimum Instructor Qualifications

Directions: Instructors must be approved by NJDOE prior to signing a contract with the school. To obtain approval for new instructors, submit proof of the qualifications listed below, along with a completed staff data form by email to:

privatecareerschools@doe.state.nj.us or mail to:

Attn: Private Career Schools
New Jersey Department of Education
Office of Career Readiness
PO Box 500
Trenton, NJ 08625-0500:

Note: Staff data forms must be filled out completely and signed. A resume is not a substitute for a completed form.

Minimum Qualifications:

- Proof of a high school diploma or GED;
- Proof of successful completion of a curriculum and instruction course offered through an accredited college; and
- Competency in the subject(s) to be taught as demonstrated by possession of **one** of the following:
 - An appropriate instructional certificate issued by the State Board of Examiners, or a comparable teaching certificate issued by a recognized certifying authority in another state with which the State Board of Examiners has reciprocity;
 - An industry certification in the occupational area to be taught and at least two years of documented full-time employment experience in the occupational area within the past 10 years;
 - A baccalaureate degree from a recognized institution with a major or specialization in the subject to be taught;
 - Evidence of attainment of a journey person's status by possessing a certificate of completion of a registered apprenticeship training in the subject to be taught, with at least two years of documented full-time employment experience within the past 10 years;
 - A certificate of completion in the occupational area to be taught from an approved private career school or hold the appropriate State-issued occupational license in the occupational area to be taught, and a minimum of two years of documented full-time employment in the occupation, within the past 10 years;
 - An associate degree from an accredited college, with a major or specialization in the subject to be taught, and a minimum of two years of documented full-time employment in the occupational area to be taught within the past 10 years; or
 - A minimum of four years of documented full-time employment in the occupational area to be taught within the past 10 years.

Private Career School Staff Data Form

Note: A resume is not a substitute for a completed form. For instructors, you must also include proof of successful completion of a curriculum and instruction course offered through an accredited college pursuant to N.J.A.C. 6A:19-7.5(c)5ii. Instructors will not be approved without it.

PERSONAL INFORMATION

Last Name:		First Name:		M.I.		Date:	
Home Address:							
Telephone Number:		E-mail Address:					
Name of Private Career School to Which You Are Applying:							
Private Career School Address:							
Position/Job Title (If you are an instructor, include all subject(s) to be taught):							
Check One <input checked="" type="checkbox"/> :		Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>			

EDUCATION AND TRAINING

High School (Name and Location)	Dates Attended: (From MONTH/YEAR To MONTH/YEAR)		
Did you graduate? Please check one <input checked="" type="checkbox"/> : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate of College or University (Name and Location)	Major	Minor (if applicable)	Completion Dates (From MONTH/YEAR To MONTH/YEAR)
Complete If You Did Not Graduate From College/University:			
Name of College/University	Credit Hours Completed	Dates Attended: (From MONTH/YEAR To MONTH/YEAR)	

OTHER FORMAL TRAINING (Include Military)

Name and Location of School/Program	Description of Course	Completed	Dates Attended (From MONTH/YEAR To MONTH/YEAR)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Licenses, Certifications or Registrations (A copy of each license/certification/registration must be attached):

Title	Identifying Number	Issuing Agency/Authority	Date of Issue

PREVIOUS EMPLOYMENT (Begin with your most recent employer; include military service. All fields are required)

Name and address of your most recent employer:

Duties:	
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Check One : Full-Time Part-Time

Name and title of your immediate supervisor:

Dates in this position: From MONTH/YEAR To MONTH/YEAR

Title of your position:

Reason for leaving:

Name and address of your previous employer:

Duties:	
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Check One : Full-Time Part-Time

Name and title of your immediate supervisor:

Dates in this position: From MONTH/YEAR To MONTH/YEAR

Title of your position:

Reason for leaving:

Name and address of your previous employer:

Duties:	
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Check One : Full-Time Part-Time

Name and title of your immediate supervisor:

Dates in this position: From MONTH/YEAR To MONTH/YEAR

Title of your position:

Reason for leaving:

REFERENCES

List below the names, complete addresses and occupations of three persons to whom you are well known and from whom we may request information concerning your character and personal qualifications.

Name	Address	Telephone Number

Have you ever been convicted of any violation of the law other than minor traffic violations? If your answer is yes, please explain on a separate sheet of paper; include the date, place, offense and final disposition.

Please check one : Yes No

To the best of my knowledge all information in this data form is true and correct.

Signature of Applicant:

Date:

I hereby certify that this office has verified the information contained herein and has on file appropriate certificates, references and verification of the stated education and experience of the applicant.

Signature of Owner/Director:

Date:

NEW JERSEY DEPARTMENT OF EDUCATION RENEWAL DOCUMENT

SECTION K

CAREFULLY READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

School	Date	Director	School Year Applying for Approval (e.g. 2016-17)
School Address (Including City, State Zip Code)		Fax Number:	County
Telephone Number		E-Mail Address	Federal ID. No

Directions: This form must be completed electronically and submitted no later than 90 calendar days prior to the expiration date of each school's current Certificate of Approval. List all currently approved programs that will be offered in the upcoming school year in **alphabetical order**. Please provide the clock and credit hours (if applicable) and the name of the instructor teaching the program. Send Staff Data Forms **only for new instructors who have not yet submitted their credentials**. * * For programs approved in credit hours, provide the accrediting agency. Programs currently approved that are not listed will be removed from the Eligible Training Provider List and your list of approved programs. ***For each program, indicate if you currently contract with a school district or charter school, pursuant to N.J.A.C. 6A:19-2.4, to provide instruction to public school students. Please email completed forms to: privatecareerschools@doe.state.nj.us.

Note: For **literacy only** programs, please complete a separate Section K form and submit it to the Training Evaluation Unit via email at trainingevaluationunit@dol.nj.gov.

Program Title	CIP Code	Clock Hours of Instruction	Credit Hours (If accredited**)	Instructor	**Name of Accrediting Agency	***Contracting with School District? Y or N

Approval:

Education Program Development Specialist

Signature

Date

STATEMENT OF ASSURANCES

By his/her signature, which appears below, the director of the private career school making this renewal application certifies the following:

1. Staff data forms are signed by the school director for the following personnel: 1) instructors; 2) admissions officers; 3) job placement officers; 4) academic advisors; 5) substitute and/or assistant instructors; 6) financial aid officers; and 7) supervisors of instruction. By signing each data form, the director certifies that the information contained in the data form is accurate. The data forms will be kept on file at the school and made available to a representative of the New Jersey Department of Education upon request.
2. Fire, health inspection and liability certificates are current and on file at the school and will be made available at the request of a representative of the New Jersey Department of Labor and Workforce Development.
3. The current tuition performance bond for the school is in the amount of \$10,000 or 2.5 percent of the annual gross income, whichever is greater.
4. Curriculum meets the standards as required by NJAC 12:41-2.2(b)5 and NJAC 6A:19-7.3.

The applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws: Section 188 of the Workforce Investment Act; title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972 and the Americans with Disabilities Act, 42 U.S.C. 12102. In addition, the applicant also assures that it will comply with the U.S. Department of Labor’s regulations at 29 CFR, Part 37 and all other regulations implementing the laws listed above.

I hereby give assurance that the statements above are true and correct in accordance with NJAC 12:41-1 et seq and NJAC 6:A:19-7 et seq.

School Name: _____

School Address: _____

School Director: _____

(Please print)

Signature

Date

AFFIDAVIT

State of New Jersey, County of _____,

(Name), being duly sworn on his/her oath that he/she is

(Title) of the _____ (School),

in the County of _____ and that the Statements given in this application are true, to the best

of his or her knowledge and belief.

School Director’s Signature

Sworn and subscribed to before me this _____ day of _____ 20__.

Notary Public’s Signature and Seal

ALL FORMS MAY BE DUPLICATED AS NEEDED

New Jersey Departments Of Education and Labor
Renewal Application (Revised 10/16)