Private Business and Trade Schools Delaware Department of Education John Collette Education Resource Center 35 Commerce Way Dover, Delaware 19904



Mark A. Holodick, Ed.D. Secretary of Education

SCHOOLS RENEWING FOURTH QUARTER FOR APPROVAL FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

RENEWAL APPLICATION

FOR A DELAWARE CERTIFICATE OF APPROVAL

TO OPERATE A PRIVATE BUSINESS OR TRADE SCHOOL

Each school shall annually renew its certificate of approval and pay the required annual renewal fee.

I. SCHOOL AND CONTACT INFORMATION

Name of School:_____ a. Complete Address of Location of Instruction: Telephone:_____ Fax: _____ Location of Operation. Check one: $\hfill\square$ School operating in $\hfill\square$ School operating outside $\hfill\square$ School operating in Delaware Delaware of Delaware and outside of Delaware Type of School. Check all that apply: □ Business □ Trade □ Technical □ Correspondence □ Distance Learning The certificate holder is a/an: \Box Individual \Box Corporation* \Box Partnership b. Name of Certificate Holder: (*If a corporation/LLC owns the school, list the corporation as the certificate holder. Provide the complete name of the corporation, not the name of the owner.) Certificate Holder's Address: Telephone:_____ Fax:____ E-mail:_____

I. SCHOOL AND CONTACT INFORMATION

	If a corporation, what is the state of incorporation?					
	Name(s) of all Controlling Officers of the corpo (use an additional sheet of paper if more than 3)	pration				
c.	Name of Administrator in Charge of School:	·				
	Title:	Fax:				
	Telephone:	E-mail:				
d.	Name of Contact Person for Delaware Depa	rtment of Education:				
	Address:					
	Title:	Fax:				
	Telephone:	E-mail:				
e.	Name of Contact Person for Prospective Students:					
	Address:					
	Title:	Fax:				
	Telephone:	E-mail:				
f.	Website Information Provide the website address below:					

II. COMMITMENTS

The following commitments are required under 14 Del.C. Ch. 85:

(I) (We) solemnly agree as follows:

- 1. My position with the applicant school is ______ and I am authorized to make these commitments and representations on behalf of the school.*
- 2. To read, understand, and conduct the school in accordance with Delaware Law and standards, rules, and regulations from time to time established by the Department of Education of the State of Delaware.
- 3. To maintain a surety bond for the protection of the contractual rights of students in the form and amount required by the Department of Education.
- 4. To abide by the refund policy established in 14 *Del.C.* Ch. 85 for cancellation of the contract or agreement or by the policy of the U.S. Department of Veterans Affairs.
- 5. That, within the 72-hour grace period reserved for cancellation, the school will not discount any evidence of indebtedness given by a student applicant, or on his behalf, or in any other way place such evidence of indebtedness into the hands of a holder in due course.
- 6. To permit the Department to inspect the school or classes thereof from time to time; and to make available to the Department, at any time when required to do so, information pertaining to the activities of the school required for the administration of this Act.
- 7. That all advertising and solicitation by the school will be free from misrepresentation, deception, or fraud and that no fraudulent or deceptive statements shall be made as to possible future employment opportunities or wage expectations.
- 8. That the certificate of approval shall be prominently displayed at some place on the premises of the school open to the inspection of all interested persons.
- 9. If a school located in Delaware, to comply with the provisions of 14 Del. C. §8530 and agree to convey all student records to the Department of Education and to accept the other obligations set forth in section §8530 should my school cease to operate in Delaware.

(I) (We), the undersigned, affirm that the agreements made and the information set forth in the foregoing application and in the attachments thereto are complete, true, and correct to the best of my (our) knowledge.

Date:	Signature(s)*:		
SWORN TO AND SUBSCRIBE	D before me this	day of	,
My commission expires:			
Date	Name of Notary Publi	c (print or type)	

^{*}Each application for a certificate of approval shall be signed by the applicant. If the applicant is a **partnership**, it shall be signed by **each member** thereof. If the applicant is a corporation, **any officer** thereof shall sign it. 14 *Del.C.* Ch. 85.

III. NOTARIZED STATEMENT OF REVENUE SUBJECT TO SURETY BOND FOR OUT-OF-STATE OR SPECIAL* DELAWARE SCHOOLS

Complete this page ONLY if the school is located outside of Delaware and solicits students in the State OR						
*If the school is located in Delaware and is set up as a school that does not receive any revenue directly from students.						
All such schools shall be required to post a bond in the amovalid for the renewal year January 1, 2024 to December 31, 2	ount of \$25,000 or more (14 <i>Del.C.</i> Ch. 85). The bond must be 2024 . Provide ALL requested information.					
The school's surety bond, payable to the State of Delawa	re, Department of Education, is in the amount of					
\$25,000 or more and is in effect through	(expiration date) OR is a currently valid					
continuous surety bond that must be renewed on	(date of next renewal payment).					
The amount of the bond is to be computed in accordance	e with 14 Del.C Ch. 85, §8505, subsection (b).					
Surety Bond Company Name:						
Surety Bond Company Address:						
Contact Person at Surety Bond Company:						
Telephone:	E-mail:					
I, the undersigned, affirm that the preceding information	is complete, true, and correct to the best of my knowledge.					
Date:						
Date	Name (print or type)					
Position or Title in the School	Signature					
SWORN TO AND SUBSCRIBED before me on this	day of,					
My commission expires:	Name of Notary Public (print or type)					
	valie of rotary rubic (print of type)					
	Signature of Notary Public					

Surety bonds may only be cancelled during or at the end of any annual term by the bonding agency by giving 45 days prior notice in writing by certified mail, return receipt requested, to the Administrator, Private Business and Trade Schools, Delaware Department of Education, 401 Federal Street, Suite #2, Dover, Delaware 19901-3639 (14 *Del.C.* Ch. 85).

III. NOTARIZED STATEMENT OF REVENUE SUBJECT TO SURETY BOND FOR DELAWARE SCHOOLS

Complete this page ONLY if the school is located in Delaware. The surety bond for in-state schools is in the amount equal to the highest anticipated gross prepaid tuition for students enrolled on any given day in the calendar year for which a certificate of approval is requested (14 *Del.C.* Ch. 85, §8505, subsection (b)). The bond must be valid for renewal year **January 1, 2024 to December 31, 2024. Provide ALL requested information.**

The amount of the bond is to be computed in accordance with	h 14 <i>Del.C</i> Ch. 85,
During this last year, 20, the highest amount of gross prep	baid tuition for students enrolled that (name of school)
had or	n account on any given day was \$ The
day on which this occurred was, 20 The nu	mber of students enrolled on that date was
In the next calendar year, 20, the highest amount of gross	
\$ This estimate is based on (the expected number of	expects to have on account on any given day is of students) enrolled on that given day.
The school's surety bond, payable to the State of Delaware, D	Department of Education, is in the amount of
\$ and is in effect through	(expiration date) OR is a currently valid
continuous surety bond that must be renewed on	(date of next renewal payment).
Surety Bond Company Name:	
Surety Bond Company Address:	
Contact Person at Surety Bond Company:	
Telephone:	E-mail:
Date:	
	Name (print or type)
Position or Title	Signature
SWORN TO AND SUBSCRIBED before me on this	day of,

Signature of Notary Public

Surety bonds may only be cancelled during or at the end of any annual term by the bonding agency by giving 45 days prior notice in writing by certified mail, return receipt requested, to the Administrator, Private Business and Trade Schools, Delaware Department of Education, 401 Federal Street, Suite #2, Dover, Delaware 19901-3639 14 *Del.C.* Ch. 85.

IV. DISPOSITION OF STUDENT RECORDS FOR DELAWARE SCHOOLS (Out-of-state schools are not required to complete this form)

Delaware Law-14 Del. C. §8530 states:

- (a) Notwithstanding any exemptions to the contrary in this chapter, all postsecondary institutions authorized, approved or licensed by the Department of Education to operate in the State under this chapter or under § 125 of Title 8 prior to discontinuing operation shall perform the following duties:
 - (1) Notify in writing the Department of Education and all currently enrolled students of the decision to cease operation;
 - (2) Notify in writing all currently enrolled students, and students enrolled during the 5 prior years, that information concerning student records may be obtained from the Department of Education;
 - (3) Convey all student records to the Department of Education, or to another location designated by the Department, for safekeeping and for reproduction as requested by the students.

(b) As used in this section, "student records" shall mean all those documents that are necessary to provide a meaningful record of student performance and financial aid and shall include, but not be limited to, the following:

- (1) Academic records, including written evaluations, competency assessments, etc.
- (2) Catalogues;
- (3) Change of grade forms;
- (4) Class lists, including original grade sheets;
- (5) Commencement programs/graduation lists;
- (6) Schedules of classes;
- (7) Financial aid transcripts and supporting documents (65 Del Laws, c. 103, §1; 71 Del Laws, c. 180, §190.)

I have read the above law relating to the disposition of student records and understand that, as an approved Private and Business and Trade School, I will be required to comply with the provisions of 14 *Del. C.* §8530 and do hereby agree to accept the obligations set forth in Section §8530 should my school cease to operate in Delaware.

Date _____

Owner's/Officer's/Partners Signature(s)_____

V. REQUIRED ATTACHMENTS/ENCLOSURES

Use spaces at the left to check off your attachments/enclosures to ensure a complete application. The shaded attachments/enclosures are required. If there are no changes in any of the other two (2) attachments/enclosures since the **2023** renewal application, or for an original certificate of approval through **December 31, 2023** you do not have to provide the documentation in this renewal application. Instead, initial the statement that indicates no changes during **December 31, 2023** through **January 1, 2024** and complete the corresponding part(s) of Section V, Notarized Statement for Attachments and Enclosures.

- **A.** A current catalogue. Mark clearly as Attachment A.
 - **B.** *If changed* since the **2023-2023** renewal application, a description or chart of the managerial organization of the school. Mark clearly as Attachment B. If this is in your catalogue, state the page on which it can be found: _____.

Otherwise, if no changes in the managerial organization of the school since the **2023-2023** renewal application, initial here: ______.

C. If changed since the 2023-2023 enewal application, the names of instructional staff, their qualifications, and the courses they teach. If in your catalogue, state the page on which it can be found: ______. If licensure or other qualifications are necessary to teach the course, they must be listed. If licensure or certification is required, attach documentation that the staff member currently holds the certificate/license. Clearly mark all required information as Attachment C.

Otherwise, if no changes in the names of instructional staff, their qualifications, and the courses they teach since the **2023-2023** renewal application, initial here: ______.

- D. A list of the programs that the school will offer the January 1, 2024 through December 31, 2024 Renewal Year as well as costs for each program. Indicate whether each program is approved for Title IV money, scholarships, and/or veterans benefits, and check or list any national certifications it may have. Use the Attachment D form.
- **E.** List all major equipment made available for instruction for each program. Use the Attachment E form or an inventory printout.,
- F. A labeled drawing of the school's physical and sanitary facilities (such as the buildings, classrooms, labs, clinics, offices, and rest rooms). Mark clearly as Attachment F. If in your catalogue, state the page on which it can be found: ______. (No handwritten floor plans)
 - **____G.** Copies of all advertisements or promotional materials used now or in the last year, including transcription of any radio/TV spots and webpages. Mark clearly as **Attachment G**.

If the school did **not** advertise or use promotional materials in **2023-2023**, check here _____ and initial _____.

- **_H.** A blank copy of the school's student application. Mark clearly as Attachment H. If in your catalogue, state the page on which it can be found: _____.
- I. A blank copy of the school's student enrollment agreement/contract. Mark clearly as Attachment I. If in your catalogue, state the page on which it can be found: _____.

V. REQUIRED ATTACHMENTS/ENCLOSURES

- J. A statement of enrollment figures for the past year, showing the number of students from Delaware, those from out-of-Delaware, and the total enrollment. Use the Attachment J form. Also add a roster of students who were enrolled from January 1, 2023– December 31, 2023 and label as current, graduates, or withdrawals.
- K. A copy of the school's refund policy that must comply with 14 *Del.C.* Ch. 85. Mark clearly as Attachment K. If in your catalogue or on your application form or enrollment agreement/contract, state the location or page on which it can be found: _____.
- L. A copy of the school's entrance policy that must comply with 14 *Del.C.* Ch. 85 or with the policy of the U.S. Department of Veterans Affairs. Mark clearly as **Attachment L**. If in your catalogue or on your application form or enrollment agreement/contract, state the location or page on which it can be found: _____.
- _____M. A copy of the school's complaint procedure. Mark clearly as Attachment M. If in your catalogue, state the page on which it can be found: _____.
 - ___N. A copy of any current certificates of accreditation that the school may hold. Mark clearly as Attachment N.

If the school does not hold any certificates of accreditation, check here _____ and initial _____.

O. From the bonding company, proof of a surety bond valid from January 1, 2024 to December 31,

2024. The surety bond is in the amount of \$______ and is in compliance with 14 *Del.C.* Ch. 85.

Mark clearly as Attachment O.

Note that all bonds should be made out to the State of Delaware, Department of Education

Proof is required for all surety bonds, including continuous ones. The proof must come from the bonding company and include:

- The name of the private business and trade school
- The name of the bonding company
- The bond number
- The amount of the bond
- The period in which the bond will be in effect (must be valid for the entire renewal year)

A faxed statement or e-mail from the bonding company is acceptable. An invoice from the bonding company (with no record of payment does not meet the requirement.

P. A 2024 certificate of good standing (proof of corporate status) if a corporation owns the school. Mark clearly as Attachment P.

The renewal requirement is a **2021** certificate of good standing; thus, certificates of good standing for **2021** or earlier, papers of incorporation, business licenses, and/or certificates of incorporation do not meet this requirement.

If the state of incorporation is Delaware, contact the Delaware Division of Corporations to obtain a certificate of good standing.

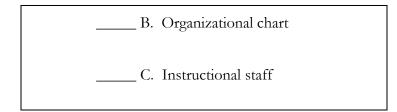
Address	Address for Expedited Delivery	Telephone Number	Fax Numbers
Delaware Division of Corporations			302-739-3812 302-739-3813
P.O. Box 898	401 Federal Street, Suite 4		0.02 .07 0000
Dover, DE 19903	Dover, DE 19901		

- _____Q. A non-refundable check or money order of \$50.00 FOR EACH SEPARATE SCHOOL made payable to the State of Delaware, Department of Education. Paper clip to the front of the renewal application.
 - **R**. Current financial documents: Balance Sheet, Profit and Loss Report or Income Statement.
 - _____S. Current business licenses.

MAIL TO: DELAWARE DEPARTMENT OF EDUCATION ATTENTION: DR. PATRICIA KEETON 35 COMMERCE WAY, SUITE #1 DOVER, DE 19904

Complete this page ONLY if you have initialed any of the required attachments and enclosures in Section IV as "no change" since the 2023-2023 renewal application or a 2021-2022 application for an original certificate of approval. Make certain that all attachments and enclosures that you have initialed as "no change" on pages 5 are also checked below.

I have indicated by my initials on the preceding pages that there have been no changes in the following since the **2023-2023** renewal application or a **2023-2023** application for an original certificate of approval:



I, the undersigned, affirm that the preceding information regarding no changes since the 2023-2023 renewal application or the 2023-2023 application for an original certificate of approval is complete, true, and correct to the best of my knowledge.

Date:	Name (print or type)
Position or Title	Signature
SWORN TO AND SUBSCRIBED be My commission expires:	fore me this day of,
Date	Name of Notary Public (print or type)

ATTACHMENT D PROGRAMS OF INSTRUCTION FOR **2024-2024** FOURTH QUARTER RENEWAL YEAR

Programs to be Of	Numb		Leng		TOTAL		rship/s		e IV		oved
2024-2024	Clock H		Prog	ram	Cost of	Avai	ilable		eral		or
First Quarter Renewal Year	per W	leek			Program		Funds		Veterans		
								Avai	lable		ational
											efits
	Theory	Lab	Total	Total		Yes	No	Yes	No	Yes	No
		or	Weeks	Hours							
		Shop									

Note: Please copy this page if school offers more than 8 programs.

School is nationally accredited by _____ACCSCT

CSCT

____Other

ACCET

___School is not nationally accredited

ATTACHMENT E

LIST OF MAJOR EQUIPMENT

Use this form to list the equipment for the school's programs during **2024-2024**. Provide all requested information. **Please copy this form if you need more space to list equipment**.

Name of School:

Quantity	Equipment Description	Year/ Model	Check if Added in 2024-2024	Location in the School	Program(s) or course(s) for which equipment is used

ATTACHMENT J

ENROLLMENT FIGURES

January 1, 2023- December 31, 2023

Name of School:

Students enrolled from Delaware:

Students enrolled from out-of-Delaware:

Total student enrolment:

ATTACH A ROSTER THAT SUPPORTS ABOVE NUMBERS. OUT OF STATE SCHOOL ONLY SUBMIT DELAWARE STUDENTS.

OUT OF STATE SCHOOLS ONLY INCLUDE DELAWARE STUDENTS.

RENEWAL APPLICATION

FOR A RENEWED PERMIT TO ACT AS AN AGENT

FOR A PRIVATE BUSINESS OR TRADE SCHOOL IN DELAWARE

Year: <u>2024-2024 Fourth Quarter Renewal for January 1, 2024 through December 31, 2024</u>

Application is hereby made for a **RENEWAL** of a permit to represent a private business or trade school, in accordance with 14 *Del.C.* Ch. 85. A separate permit is required for each agent for each school represented. Complete an application for each agent.

I.	Name of Applica	ant:		
Ad	ldress:			
II.	Name of School:	<u> </u>		
	eck one:			
	School operating in Delaware		School operating outside of Delaware	School operating in and outside of Delaware

III. Renewal Fee of \$5.00

With this renewal application for a permit to act as an agent for the above named school, include a check for **\$5.00** payable to the State of Delaware, Department of Education. The renewal fee is non-refundable.

The renewal fee is not required if the agent is also a **principal owner** of the school.

Character references are **NOT** required for those agents who have represented the above-referenced school in the previous year and who are applying for a renewal to continue to so represent the school.

RENEWAL APPLICATION

FOR A RENEWED PERMIT TO ACT AS AN AGENT FOR A PRIVATE BUSINESS OR TRADE SCHOOL IN DELAWARE

IV. Verification of Employment

I, the undersigned, affirm the information set forth in this verification of employment and the attachments thereto are complete, true, and correct to the best of my knowledge. (Name of applicant) ______

______ is presently employed by us and is to act as our agent to represent our school in the State of Delaware for the purpose of soliciting students. (He)(She) has been in our employ for _____ years and _____ months and is found by us to be truthful, honest, and of good reputation. I request that a permit be granted to said person for purposes of soliciting students in Delaware.

Date	Name of Employer (print or type)			
Position	Signature of Employer			
SWORN TO AND SUBSCRIBED before me on this _	day of,			
My commission expires:	Name of Notary Public (print or type)			
V. Verification of Applicant	Signature of Notary Public			

I, the undersigned, affirm that the information set forth in this application and the attachments thereto are complete, true, and correct to the best of my knowledge and that I will carry out all of the activities of representing as an agent of (name of school) ______ in a truthful and honest manner.

Date	Name of Applicant (print or type)
Position	Signature of Applicant
SWORN TO AND SUBSCRIBED before me on this _	day of,
My commission expires:	Name of Notary Public (print or type)

ORIGINAL APPLICATION

FOR A NEW PERMIT TO ACT AS AN AGENT

FOR A PRIVATE BUSINESS OR TRADE SCHOOL IN DELAWARE

Year: 2024 -2024 Fourth Quarter Renewal for January 1, 2024 through December 31, 2024

Application is hereby made for an **ORIGINAL** permit to represent a private business or trade school, in accordance with 14 *Del.C.* Ch. 85. A separate permit is required for each agent for each school represented. Complete an application for each agent. Include two character references for each agent.

I. Name of Applicant _____ Address: Name of School: II. Address: Check one: \Box School operating in \Box and outside of Delaware Delaware of Delaware Type of School - Check one or any combination: □ Business \Box Trade □ Technical \Box Correspondence \Box Other:

III. Commitments

I solemnly agree as follows:

- **A.** To represent the school in accordance with Delaware Law and standards, rules and regulations from time to time established by the Delaware Department of Education.
- **B.** That all advertising and solicitation by the school will be free from misrepresentation, deception or fraud, and that no fraudulent or deceptive statements shall be made as to possible future employment opportunities or wage expectations.
- **C.** That I am a person who is honest, truthful and of good reputation.

Signature of Applicant_____ Date_____

- **IV. Attachments:** Supply the following materials with this application. Use spaces at the left to check off your attachments to ensure a complete application.
- _____A. Completed character references. Each agent shall supply two.
- B. Check for ten dollars (\$10.00), made payable to the State of Delaware, Delaware Department of Education (not refundable). The fee is not required if the agent is also a principal owner of the school.

ORIGINAL APPLICATION

FOR A NEW PERMIT TO ACT AS AN AGENT

FOR A PRIVATE BUSINESS OR TRADE SCHOOL IN DELAWARE

V. Verification of Employment:

I, the undersigned, affirm that the information set forth in this verification of employment and the attachments thereto are complete, true, and correct to the best of my knowledge. (Name of applicant)

_______ is presently employed by us and is to act as our agent to represent our school in the State of Delaware for the purpose of soliciting students. (He)(She) has been in our employ for ______ years and ______ months and is found by us to be truthful, honest, and of good reputation. I request that a Permit be granted to said person for purposes of soliciting students in Delaware.

Date	Name of Employer (print or type)
Position	Signature of Employer
SWORN TO AND SUBSCRIBED before me on t	thisday of,
My commission expires:	Name of Notary Public (print or type)

Signature of Notary Public

VI. Verification of Applicant

I, the undersigned, affirm that the information set forth in this application and the attachments thereto are complete, true, and correct to the best of my knowledge, and that I will carry out all of the activities of representing as an agent of (name of school) ______ in a truthful and honest manner.

Date	Name of Applicant (print or type)	
	Signature of Applicant	
SWORN TO AND SUBSCRIBED before me	e on thisday of	
My commission expires:	Name of Notary Public (print or type)	

FOR ORIGINAL APPLICATIONS ONLY FOR A NEW PERMIT

CHARACTER REFERENCE FOR AN AGENT REPRESENTING A PRIVATE BUSINESS AND TRADE SCHOOL

IN DELAWARE UNDER 14 DEL C. CH. 85

Recommendation

Pursuant to 14 Del.C. Ch. 85, regarding the issuance of permits to agents representing private business	and trade
schools in Delaware, I (name),,	do hereby
attest that the applicant stated below has been found to be truthful, honest, and of good reputation an	d I
recommend that a permit be granted to serve as an agent for the school as named.	

ľ	Name of Agent		<u> </u>	
P	Address			
_				
Basis for	r Recommendation			
I have kr	nown the applicant for	years in the ca	pacity of	
(co-worker	r, employer, friend, etc.).			
Commer	nts about the applicant			
Date			Name of Person Making Recommendation (print or type)	
Address			Signature of Person Making Recommendation	
			Telephone Number	

FOR ORIGINAL APPLICATIONS ONLY FOR A NEW PERMIT CHARACTER REFERENCE FOR AN AGENT REPRESENTING A PRIVATE BUSINESS AND TRADE SCHOOL IN DELAWARE UNDER 14 DEL C. CH. 85

Recommendation

Pursuant to 14 Del.C. Ch. 85, regarding the issuance of permits to agents rep	presenting private business and trade
schools in Delaware, I (name),	, do hereby
attest that the applicant stated below has been found to be truthful, honest,	and of good reputation and I
recommend that a permit be granted to serve as an agent for the school as n	amed.
Name of Agent	
Address	
Name of School	
Address	
Basis for Recommendation	
I have known the applicant for years in the capacity of	
(co-worker, employer, friend, etc.).	
Comments about the applicant	
Date Name of Person Making R	ecommendation (print or type)

Ivanie of reison waking Recommendation (print of typ

Address

Signature of Person Making Recommendation

Telephone Number