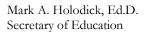
Delaware Department of Education 401 Federal Street, Suite #2 Dover, Delaware 19901-3639





DELWARE CERTIFICATE OF APPROVAL TO OPERATE A PRIVATE BUSINESS AND TRADE SCHOOL UNDER 14 DELC. CHAPTER 85

Name of School:	
Telephone:	Fax No:
Location of Operation - Check one:	
☐ School operating in Delaware	☐ School operating in Delaware and outside
☐ School operating outside of Delaware	of Delaware
Type of School – Check all that apply:	
☐ Business	☐ Correspondence
☐ Trade	☐ Other
☐ Technical	
Certificate Holder Information:	
The certificate holder is a/an: ☐ Individual	l 🗆 Corporation* 🗆 Partnership
Name of Certificate Holder (*If a corporation ow Provide the complete name of the corporation, no	ons the school, list the corporation as the certificate holder. ot the name of the owner):
Address:	
Telephone:	

Approval and Accreditation Check one:	Information		
☐ The school is not licensed,	certified or approved by	y any other certifying or lice	ensing body
☐ The school is licensed, certified			ng body
Provide information for al	l licenses, certifications	, and/or approvals:	
In the State or Commonw	ealth of:		
By the State Board of Edu	cation of:		
By the Division or Depart	ment of:		
By other (specify):			
Enclose a copy of each certificat	e of approval or license chec	ked above. Mark as Attachmen	ıt N.
Check one:			
\square The school is not accredited	d by a national accrediti	ng association	
☐ The school is accredited by	a national accrediting a	ssociation	
List all accreditations/cert	fications:		
Enclose a copy of each certificat	e or accreditation listed abo	ve. Mark as Attachment O.	
The school has been in oper	ation since	(month)	(year
The school has been in operation since(months			s application
Name of Administrator in C	harge of School:		
Address:			
Title:	Fax: _		
Telephone:	Email		

11441600.	
Title:	Fax:
Telephone:	Email:
Name of Contact for Prospective S	rudents:
Address:	
Title:	Fax:
Telephone:	Email:
Website Information	
If your organization has a webs	ite, please provide its address (URL) below:

f.

Additional Contact Information

II. COMMITMENTS

Date

The following commitments are required under 14 Del.C. Ch. 85. (I) (We) solemnly certify or agree as follows: 1. My position with the applicant school is_ _____ and I am authorized to make these and representations on behalf of the school * To conduct the school in accordance with Delaware Code (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 14 Del.C. Ch. 85. 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. 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. (I) (We) do solemnly swear or affirm that the agreements and certifications made and the information set forth in the original approval application and in the attachments thereto are true and complete. Date: Signature(s)*: SWORN TO AND SUBSCRIBED before me this _____ day of My commission expires:

Signature of Notary Public

Name of Notary Public (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 IF SCHOOL IS (1) OUTSIDE OF DELAWARE, OR (2) IN DELAWARE BUT SCHOOL DOES NOT RECEIVE REVENUES DIRECTLY FROM STUDENTS)

All surety bonds must be valid for the entire year for which the school is approved.	
Complete this page ONLY IF: 1) Your school is located <u>outside of Delaware</u> and only solicits students in the State	

OR (2) Your school is located in Delaware and does not receive any revenue directly from students. Such schools shall be required to post a bond in the amount of \$25,000 (14 Del.C. Ch. 85). The school's surety bond, payable to the State of Delaware, Department of Education, is in the amount of \$25,000 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 Number: _____ E-mail: ____ Fax: _____ I certify that the preceding information is true and correct to the best of my knowledge. Name (print or type) Position or Title SWORN TO AND SUBSCRIBED before me on this ______ day of ______, 200_. My commission expires: _ Name of Notary Public (print or type)

Streety 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, DE 19901-3639, 14 Del.C. Ch. 85.

Signature of Notary Public

III. NOTARIZED STATEMENT OF REVENUE SUBJECT TO SURETY BOND IF SCHOOL IS LOCATED IN DELAWARE

All surety bonds must be valid for the entire year for which the school is approved.
Complete this page and the following page IF your school is located in Delaware and receives revenue directly from students. The surety bond for these 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 <i>Del.C.</i> Ch. 85).
During this last year, 20, the highest amount of gross prepaid tuition for students enrolled that (name of school) had on account on any given day was \$ The day on which this occurred was, 20 The number of students enrolled on that date was
In the next calendar year, 20, the highest amount of gross prepaid tuition for students enrolled that (name of school)expects to have on account on any given day is \$ This estimate is based on (the expected number of students) enrolled on that given day.
The school's surety bond, payable to the State of Delaware, 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).

III. NOTARIZED STATEMENT OF REVENUE SUBJECT TO SURETY BOND

Surety Bond Company Name:	31-2-31-31-31-31-31-31-31-31-31-31-31-31-31-
Surety Bond Company Address:	
Contact Person at Surety Bond Company:	
Telephone Number:	E-mail:
Fax:	
I certify that the preceding information is true ar	and governor to the heat of my Imported as
recently that the preceding information is true at	id correct to the best of my knowledge.
Date:	
Date.	Name (print or type)
Position or Title	Signature
SWORN TO AND SUBSCRIBED before me on thi	s, day of,
My commission expires:	
Date	Name of Notary Public (print or type)
	3 <u></u>
	Signature of Notary Public

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

IV. DISPOSITION OF STUDENT RECORDS IF SCHOOL IS IN DELAWARE (SCHOOLS OUTSIDE OF DELAWARE DO <u>NOT</u> NEED TO COMPLETE THIS PAGE)

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 Dcl 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

complete a	pplication.
A.	A current catalogue. Mark clearly as Attachment A.
В.	A description or chart of the managerial organization of the school. Mark clearly as Attachment B. If it is in your catalogue, state the page on which it can be found:
C.	The names of all instructional staff, their qualifications, and the courses they teach. If licensure or other qualifications are necessary to teach the course, they must be listed. If licensure or certification or other qualifications are necessary, attach a copy of the staff member's current license, certificate, or other credentials as documentation. If in your catalogue, state the page on which it can be found:, or clearly mark the staff information and other supporting documentation as Attachment C.
D.	A description of all courses or programs of instruction. Use the Attachment D form.
E.	A list of major equipment made available for instruction for each program or course. Use the Attachment E form.
F.	A labeled drawing of your school's physical and sanitary facilities (such as the buildings, classrooms, labs, clinics, offices, and be sure to include rest rooms). Mark clearly as Attachment F. If in your catalogue, state the page on which it can be found:
G.	Copies of all advertisement or promotional materials used now or in the last year, including a transcription of any radio/TV spots. Mark clearly as Attachment G.
	If none, check here \square 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:
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.
K.	A copy of the school's refund policy that must comply with 14 Del.C. Ch. 85. Mark clearly as Attachment K. If this is in your catalogue or on your application form or enrollment agreement/ contract, state the location or page on which it can be found:

V. REQUIRED ATTACHMENTS/ENCLOSURES

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 your 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 approval, licensure, or certification that the school may hold. Mark clearly as Attachment N.
	If none, check here and initial
O.	A copy of any current certificates of accreditation that the school may hold. Mark clearly as Attachment O.
	If none check here \(\square\) and initial
P.	Proof of a surety bond valid for calendar year: The surety bond is in the amount of and is in compliance with 14 Del.C. Ch. 85. Proof is required for all surety bonds, including continuous ones.
Q.	Proof of corporate status if a corporation owns the school. Include an original certificate of good standing (short form) dated for the current year. Mark clearly as Attachment Q.
R.	A non-refundable check or money order of \$100.00 made payable to the State of Delaware, Department of Education. Attach to the front of the original approval application.
S.	Inspection Form from the Fire Marshall. Mark clearly as Attachment S.
T.	Proof of ownership or lease of the school building, such as a copy of the certificate of occupancy or a rental agreement. Mark clearly as Attachment T.

ATTACHMENT D

PROGRAM OR COURSE DESCRIPTION (Duplicate this form and complete for EACH course/program for which you are seeking approval)

Provide all information for each course or program for which you are seeking approval in 2010. Copy and use Attachment D if you are seeking approval for more than one course or program.

Name of S	chool:						
Name of C	ourse or Program	:					2
Entrance re	equirements:						•
Specific Vocational Objective(s):							
Units and Hours of Instruction					sments Giv	_	
Number of Units of Instruction	Theory/ classroom hours per week	Lab/shop/ practicum hours per week	Total weeks of course/program	Total hours of course/program	During instruction	Midterm	Final

Tuition, Fees, and Other Course/Program Costs						
Registration fees	Cost of course/ program (tuition)	Books	Materials and supplies	Other	Total cost of course/program	

ATTACHMENT E LIST OF MAJOR EQUIPMENT FOR EACH PROGRAM

Provide the requested information for all major equipment in **each** of your school's courses/programs. **Duplicate** and use Attachment E as needed to describe the major equipment for **each** of your courses/ programs.

Name of School:		

Quantity	Equipment Description	Year/ Model	Location in the School	Program(s) or course(s) for which equipment is used
				-
	7			
	51			

ATTACHMENT J PROJECTED ENROLLMENT FIGURES SCHOOL YEAR 200_-200_

Name of School:		
☐ New school , projected enrollment figures		
Students enrolled from Delaware:		
Students enrolled from out-of-Delaware:		
Total student enrollment:		
For new schools, the bond must be based on projecte	ed enrollment figures	
☐ Out-of-State Operating School, the enrollment data	are as follows:	
Students enrolled from Delaware:		
Students enrolled from out-of-Delaware:		
Total student enrollment:		

For out-of-state operating schools, the bond must be based on present enrollment figures of Delaware students

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

Year:	<u>20</u>
Application with 1	cation is hereby made for an original permit to represent a private business or trade school, in accordance 4 <i>Del.C</i> . Ch. 85. A separate permit is needed for each agent for each school represented.
I.	Name of Applicant:
	Address:
II.	Name of School:
	Address:
	2
	Location of Operation. Check one:
	School operating in Delaware School operating outside of Delaware School operating in and outside of Delaware
	Type of School. Check all that apply:
	☐ Business ☐ Trade ☐ Technical ☐ Correspondence ☐ Other:
III.	Attachments. Supply the following additional 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 must supply two.
W-1	_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 PERMIT TO ACT AS AN AGENT IN DELAWARE FOR A PRIVATE BUSINESS OR TRADE SCHOOL

IV. Verification of Employment

I, the undersigned, do solemnly swear or affirm that the	he information set forth in this verification of employment			
	Name of Applicant)			
	to represent our school in the State of Delaware for the			
purpose of soliciting students. (I Ie)(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, 200			
My commission expires:	Name of Notary Public (print or type)			
	Signature of Notary Public			

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

V. Commitments and Verification of Applicant

I, the undersigned, do solemnly agree and swear or affirm that:

A. The information set forth in this application and	the attachments thereto are true and complete.
B. I will carry out all of the activities of representing (Name of school)	g and acting as an agent of in a truthful and honest manner.
C. I will represent the school in accordance with De to time established by the Department of Educat	elaware Law and standards, rules, and regulations from time tion of the State of Delaware.
	be free from misrepresentation, deception, or fraud and be made as to possible future employment opportunities or od reputation.
Date	Name of Applicant (print or type)
	Signature of Applicant
SWORN TO AND SUBSCRIBED before me on this	day of,
My commission expires:	Name of Notary Public (print or type)
	Simpartura of Noracy Public

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 p	permits to agents representing private business and trade
schools in Delaware, I (name),	, do hereby
attest that the applicant identified 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	t for the school as named.
Name of Agent:	
Address:	
Address,	
Name of School:	
Address:	
Basis for Recommendation	
I have know the applicant for years in the capa-	city of
(co-worker, employer, friend, etc.).	
Comments About the Apriliance (D. 1818)	
Comments About the Applicant (Required)	
	-
Date	Name of Person Making Recommendation (print or type)
Address	Signature of Person Making Recommendation
	Telephone Number

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 identified below has been found	to be truthful, honest, and of good reputation and I
recommend that a permit be granted to serve as an ager	nt for the school as named.
DI. CA	
	
Name of School:	
	(6)
Basis for Recommendation	
I have know the applicant for years in the cap:	acity of
(co-worker, employer, friend, etc.).	
Comments About the Applicant (Required)	
	€.
Date	Name of Person Making Recommendation (print or type)
Address	C. ALL D
Audress	Signature of Person Making Recommendation
	Telephone Number