

OFFICE OF HIGHER EDUCATION
Private Occupational School Approval Unit
450 Columbus Boulevard, Suite 707, Hartford, CT 06103

HOSPITAL-BASED OCCUPATIONAL SCHOOL APPLICATION INSTRUCTIONS

If you have any questions after reviewing the instructions and the forms, you may speak to a member of the POSA Unit Staff at (860) 947-1816.

BASIC INSTRUCTIONS

1. Read the application carefully
2. Answer each question/page, even if you must mark "N/A" (Not Applicable)
3. Provide all information as requested.
4. Keep copies of all items submitted.
5. Complete and return all pages of the application. (For existing schools this must be 120 days prior to expiration authorization.)
6. Enclose check for the correct amount indicated on page HPOSA AP Page 2.
7. Return the completed application to the address indicated above.
8. Please note that all signatures submitted to this Office must be original.

IMPORTANT: *All applications must be submitted on one-sided sheets of paper. Please do not double side any submissions.*

SPECIFIC ADDITIONAL INSTRUCTIONS

The following are specific additional instructions for completing certain pages. Also review any direction that may be at the top of each form. **NOTE FOR CURRENTLY APPROVED SCHOOLS: DO NOT SUBMIT CHANGES THAT WOULD BE CONSIDERED AS REVISIONS THAT REQUIRE ACTION BY THE EXECUTIVE DIRECTOR OFFICE OF HIGHER EDUCATION IN THE APPLICATION PACKET FOR RENEWAL OF AUTHORIZATION.** (Submit any revisions separately, e.g.: changes in program curriculum, tuition price, hours of instruction, program name, location offered, etc.)

Name of school (HPOSA AP Page 1):

Be certain to provide the complete name of the school. If the school is granted authorization the school name will be the name included on the Certificate of Authorization and published in the Office's school directory.

Application Fee (HPOSA AP Page 2):

The initial application fee should be mailed with the application. There is a fee for a new school and for renewal of authorization for the main campus and any branches.

Hospital Affiliation (HPOSA AP Pages 2-3):

Disclose the Hospital's President, Chief Fiscal Officer, Board of Directors or Association and information on Hospital Accreditation.

Additional Facilities (HPOSA AP Page 4):

The school must list all locations other than the main campus address for the school, whether branch campus, additional classroom site.

Chief Fiscal Officer Affidavit of Compliance (HPOSA AP Page 5):

The Chief Fiscal Officer must submit an Affidavit of Compliance verifying that the hospital and hospital-based school programs have current and appropriate insurance, fire marshal and zoning approval and that the hospital and hospital-based school are fiscally solvent.

Revocation History (HPOSA AP Page 6):

The school must disclose the involvement of any school Director who has acted in a similar capacity at a hospital-based school in Connecticut or another state (if such school would have met the criteria for a hospital-based school in Connecticut had the school been located in Connecticut) which had its Certificate of Authorization revoked or the privilege to operate as a hospital-based school canceled by that state. This disclosure is independent of the disclosure on the Director form (HPOSA AP 8-9).

Hospital School Staff Roster (HPOSA Page 7):

List the names of all employees of the school having contact with students and their position (and multiple positions for the same individual if necessary), on a campus by campus basis. Your school may need to attach sheets to the Hospital School Staff Roster. Your school will need to submit a Hospital School Staff Roster for each approved campus.

Director Form (HPOSA Page 8-9):

This form is to contain information on the CHIEF ADMINISTRATOR of the school (main campus and all branches). Note that the Disclosure section must be completed. Submit a resume with this completed page as evidence of training and experience. Note that it is the responsibility of the school to hire only an appropriately qualified individual as the Director.

Disclosure of Criminal Record (HPOSA AP Page 10-11):

The Director must complete this form. The executive director may deny a certificate of authorization if the person who owns or intends to operate a private occupational school has been convicted in this state, or any other state, of larceny in violation of section 53a-122 or 53a-123; identity theft in violation of section 53a-129b or 53a-129c; forgery in violation of section 53a-138 or 53a-139; or has a criminal record in this state, or any other state, that the executive director reasonably believes renders the person unsuitable to own and operate a private occupational school.

Instructor Form (HPOSA Pages 12-13):

All items on this page must be completely filled out. Submit a resume with this completed page as evidence of training and experience. Ensure all relevant employment experience which directly related to meeting the required twenty-four months of experience (within the ten years immediately preceding instruction) requirement in the subject/skill area to be taught is included. Be certain to describe duties and responsibilities as clearly as possible. Note that the programs or courses to be taught must be specifically listed to ensure that the instructor is teaching in a field in which he/she is qualified. In addition, indicate if this instructor will serve as the Department Head or Supervising Instructor, which information is vital to ensure that there is a person who meets the requirements in terms of the minimum experience for each subject area of vocational training offered by the school. Note that it is the responsibility of the school to hire only appropriately qualified individual(s) as Instructor(s).

Request for Waiver of Instructor Approval Qualifications (HPOSA Page 14):

This form is used in conjunction with the Instructor Form HPOSA Page 12-13 when applying for a waiver of instructor approval qualification(s).

Recruiter Form (HPOSA Pages 15-16):

A Recruiter Form must be completed for each person who will be involved in soliciting enrollments, which includes the signing of the Enrollment Agreement (contract) on behalf of the school. Note that the Connecticut law recognizes a Recruiter as an agent of the school and the school is responsible for the actions of the Recruiter in recruiting students. It is the responsibility of the school to hire only appropriately qualified individual(s) as Recruiter(s).

Program/Course List (HPOSA Page 17):

List, in alphabetical order, all programs offered at each campus that require approval as occupational instruction. Complete a separate form for the main campus, each branch campus or additional location. Follow the instructions listed at the bottom of the form to indicate time of training, length of training, and delivery of instruction. Include the dollar amount for tuition only.

Program/Course Information (HPOSA Page 18):

Be sure that the form is completely filled in and that all of the required documents are attached. This must include the curriculum for the program, including the name(s) of all course(s). Do not rely on a description of the program in the Catalog. The curriculum (or a summary depending on the length) must be attached to the form. The equipment list should include only that equipment used to teach the particular program. The instructional materials list should include only those materials used to teach the particular program. The admissions requirements should apply only to qualification for admission in the particular program. Include a separate page for each scheduling of a program (e.g.: day and evening schedules). Note, for the “Total Charges” section, the items listed must be for the totals for entire program, not per semester, term or module: indicate total tuition and an accurate and complete “breakout” of all additional charges which are not included in the stated tuition price.

Library Materials (HPOSA Page 19):

Provide a list of materials available in your school library. There must be some reference materials available to instructor(s) and students.

Student Records (HPOSA Page 20):

Include copies of the forms that are used or have been developed for use for record keeping by the school for “student records”. The student records developed by the school must contain, at a minimum, the following information for each student:

- (a) Application for admission
- (b) Enrollment Contract/Agreement*
- (c) Interview form, if used
- (d) Admission/achievement test, if used
- (e) Health Form(s)
- (f) Attendance form *
- (g) Permanent transcript/grade record form*
- (h) Transcript Release form*
- (i) Student payment record form
- (j) Incident Counseling form
- (k) School Disclosure of Information Form – student acknowledgment of information:
 - a. Background Check Required – assault, larceny etc.
 - b. Driving Record Check Required – driving violations, suspension
 - c. Conditions required for employment in field of training
 - d. License or Certification required and Agency Responsible
 - e. List any Barriers to Employment – felony, medical conditions, etc.

Enrollment Agreement/Contract (HPOSA Pages 21-22):

The Enrollment Agreement (contract) must contain, at a minimum, the items noted on this checklist form. Include a copy of the actual or draft Enrollment Agreement(s). Be certain to indicate on the space next to each item on the form where that item is located on the Enrollment Agreement (e.g.: the paragraph number on the Enrollment Agreement or assign letters of the alphabet and indicate the letters on the form and on the Enrollment Agreement). Note: the Enrollment Agreement is the legal document that defines the rights and obligations of the school and the rights and obligations of the student.

Catalog (HPOSA Pages 23-24):

The Catalog must contain, at a minimum, the items noted on this checklist form. Include a copy of the school Catalog. Be certain to indicate on the space next to each item on the form where that item is located in the Catalog (e.g.: the page number of the Catalog or assign letters of the alphabet and indicate the letters on the form and in the Catalog. Note: if the school elects to have another publication such as a “student handbook” the school still must provide the required information in the Catalog. If published, the school must also provide a copy of their student handbook.

Diploma/Certificate/Student Progress (HPOSA Page 25):

This form requires that you provide responses for two items. First, include a copy of the educational credential (e.g.: diploma or certificate) that your school will award to a graduate upon successful completion of the program. Second, indicate what item(s) will be given to the student who withdraws in good standing prior to completing the program and to the student who completes the program but does not meet graduation requirements. Note: A hospital-based school may not refer to the educational credential as a “degree”.

Complaints/Inquiries (HPOSA Page 26):

Attach a copy of the school policy regarding complaints and inquiries. The school should state an internal policy toward investigation and possible resolution. The school must have a policy that informs the student or potential student of the right to contact the Executive Director of the Office of Higher Education and provide the address and telephone number of the Office. Note: This policy must be posted at all times at all locations of the school (main campus, branches, and classroom sites).

Fees (HPOSA Page 27):

The school must disclose whether the school will be or does charge public customer(s) for any service that will be provided by the student or product that will be produced by the student during the training at the school. If this does not apply indicate not applicable.

Advertising (HPOSA Page 28):

School advertising must be factual and meet generally acceptable standards for professional conduct. The advertising must comply with law on advertising standards and the school shall not use “blind,” “help wanted” or “employment columns” in print or electronic mediums. Attach copies of actual or drafts for proposed advertisements, including fliers and brochures and telephone book advertisements. Note: Advertising must contain the complete school name and address as listed on the Certificate of Authorization, as well as the telephone number of the school. Note: Testimonials used in advertising must be documented as to source and date made. **Note: References to any trends in the job market or careers or vocational training must be attributed to the source and date of the study, research, or publication. Programs must be approved prior to advertising to the public.**

Affidavit of Non-discrimination (HPOSA Page 29):

The school must submit an affidavit that the school will not discriminate against students or others. This form must be completed with an original signature and the signature of the director notarized.

Affidavit of Requirements for School Closure (HPOSA Page 30):

The Chief Fiscal Officer, School Director and/or Program Director must each complete this form if they are different individuals. Duplicate as appropriate. This affirmation is required to affirm the school administration’s knowledge of their responsibilities in the event of a school closure.

Designation of Agent of Service and Maintenance of Records (HPOSA Pages 31-32):

The school must submit a statement of designation of a school agent for the service of process. This form must be signed by the authorized school official making the designation and the official must indicate in Section (A) the capacity in which he/she is authorized to make such designation. The person who has been selected as the agent must also sign Section (B) of this form. The Keeper of the Records must sign Section (C) with regard to maintaining, preserving and protecting school records; recognition of the Executive Director or the Executive Director’s designee’s right to inspect records; and the school’s responsibility of record preservation in the event of closure. In section (D), indicate the method of record preservation. Note: A new affidavit must be submitted with each renewal application and at such time as information therein changes.

OFFICE OF HIGHER EDUCATION
PRIVATE OCCUPATIONAL SCHOOL APPROVAL UNIT
450 Columbus Boulevard, Suite 707
Hartford, Connecticut 06103
(860) 947-1816

HOSPITAL-BASED OCCUPATIONAL SCHOOL APPLICATION

INITIAL APPROVAL

RENEWAL OF APPROVAL

NEW BRANCH CAMPUS

School Name: _____

School Address: _____

School Telephone Number: _____ Fax Number: _____

Name of Contact Person: _____

Email: _____

Currently approved schools, only, respond:

Current Authorization Expires: _____

Year First Authorized as a Hospital-Based Occupational School: _____

APPLICATION FOR:

Initial Approval Renewal Approval New Branch Change of Ownership

Under Connecticut General Statutes Section 10a-22a through 10a-22y and as amended by Public Act 11-48, any hospital offering instruction in any form or manner in any trade, industrial, commercial, service, professional or other occupation for any remuneration, consideration, reward or promise, except to hospital employees, members of the medical staff and training for contracted workers, shall obtain a certificate of authorization from the Executive Director of the Office of Higher Education for the occupational instruction offered.

Mark the application fee below that you made out to "Treasurer State of Connecticut" and mailed with the application.

- Initial Application: fee of \$200(non-refundable)
- Renewal application: fee of \$200(non-refundable)

Name of School: _____

Street Address: _____

Town: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

HOSPITAL AFFILIATION

Name of Hospital: _____

President: _____

Chief Fiscal Officer: _____

ADDITIONAL FACILITIES

Name of Approved Institution: _____

Address: _____

List below all Connecticut locations of any building or premises on which the school is located as a branch or, requiring approval (in the case of a new school). A branch is defined as a subdivision of a school located at a different facility and geographical site from the school, which (1) offers one or more complete programs leading to a diploma or certificate; (2) operates under the school's certificate of operation; (3) meets the same conditions or authorization as the school; and (4) exercises administrative control and is responsible for its own academic affairs at the site. A branch DOES NOT include an additional classroom site, which has no responsibility for the administrative control or academic affairs at the site.

Branches

Street Address	Town	Zip	Tel

Additional Classroom Sites

Street Address	Town	Zip	Tel

If additional space is needed, use reverse side of this page.

CHIEF FISCAL OFFICER AFFIDAVIT OF COMPLIANCE

(This form is to be completed by the Chief Fiscal Officer.)

Name of Hospital: _____

Full Address: _____

AFFIDAVIT:

As Chief Fiscal Officer, I _____ do hereby affirm, on behalf of the hospital, the following:

Hospital has current insurance coverage which includes all programs offered.

Hospital has current fire marshal certification

Hospital has current zoning report

In addition, I do hereby affirm that the hospital and the hospital-based programs are fiscally solvent.

Signature: _____ Date: _____

Print name: _____

Attested:

Sworn/affirmed and subscribed before me this _____ day of _____, 20__

Notary Public: _____

Date of commission expiration: _____

REVOCATION HISTORY

(This form is to be completed by the Chief Fiscal Officer.)

If applicable, indicate below any record of prior involvement by any principal, officer, or director with a school whose certificate has been revoked or privilege to operate an occupational school has been cancelled in Connecticut or any other state.

If not applicable, mark here .

If applicable indicate:

Present or Proposed position _____

Name of Persons _____

Name of School _____

Full address of School _____

Date of revocation _____

Capacity, at that school, in which you acted
(position) _____

Reason for revocation: _____

Signature: _____ Date: _____

HOSPITAL SCHOOL STAFF ROSTER

SCHOOL NAME: _____ CAMPUS: _____

Your school must submit the Hospital School Staff Roster form(s) listing all employees having contact with students (including clerical, administrative, instructional, and recruiting staff) at the main campus and any branches to the Executive Director of the Office of Higher Education. Submit one form per campus. Your school must submit to the Executive Director the current Hospital School Staff Roster(s) as part of the application for initial approval or renewal approval. Print clearly.

Your school must submit a revised Hospital School Staff Roster(s) (HPOSA AP Page 7) to the Executive Director in conjunction with each addition or deletion of an employee having student contact.

Name of Employee	Position(s) Held
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

If more space is required continue on separate sheet(s).

This Hospital School Staff Roster list is complete and accurate. Each employee listed on the Hospital School Staff Roster meets the minimum requirements for the position in which employed, and specifically for Director, Instructor, Recruiter, or where required waivers. I understand that the Executive Director shall be informed promptly of any changes in school personnel.

I, as an authorized school official, do swear or affirm that the above statements made in this Hospital School Staff Roster are complete and correct to the best of my knowledge and belief:

Name of Official: _____ Position: _____

Signature: _____ Date: _____

DIRECTOR FORM

SCHOOL NAME: _____ LOCATION: _____

Your school must submit one form for the School Director and/or Program Director. The Director has responsibility and control over the main campus and any branches. The school must submit the Director Form as part of the application for initial approval or renewal approval. Print clearly.

The school must submit a revised Hospital School Staff Roster (HPOSA AP Page 7) in conjunction with each successive addition and deletion of a School Director and/or Program Director.

SCHOOL DIRECTOR NAME: _____

PROGRAM DIRECTOR NAME: _____

Beginning Date: _____

QUALIFICATIONS:

The School Director must complete each question below.

- 1) I hold a high school diploma, or other equivalency recognized by the Board of Education (G.E.D.) Yes No
and
- 2) I have a minimum of five years experience in the area for which training is offered, Yes No
or
I hold an undergraduate diploma from a four-year college and Yes No N/A
I have a minimum of three years of experience in the area of training being offered.
or
If the school offers instruction in an area in which I am not qualified, the department head or supervising instructor shall have the above qualifications. Yes No N/A
and
- 3) I am experienced in administration, if yes list number of years _____ Yes No

EDUCATION AND EXPERIENCE

- Attach a current copy of your resume
- Attach a copy of your teacher certificate and/or occupational license (if applicable)

DISCLOSURE:

Indicate any prior involvement as a director with a private occupational school in Connecticut or any other state which school had its certificate of authorization revoked or privilege to carry on vocational instruction cancelled by the state:

Name of State _____

Initial the correct answer below:

_____ No Prior Involvement

_____ Yes, Prior Involvement, complete the following information:

Name of School _____

Full Address _____

Position(s) Held at School _____

Period Employed _____

Date of Revocation or Cancellation of Privilege to Operate _____

Reason for revocation: _____

I do swear or affirm that the statements made on the School Director Form are complete and correct to the best of my knowledge and belief.

Signature of Director _____ **Date** _____

It is the responsibility of the school to ensure that it hires an appropriately qualified individual. The Executive Director of the Office of Higher Education may waive the educational and other requirements for a director where there is other evidence of qualification. If applicable, attach documentation showing the grant of a waiver.

I do swear or affirm that the statements made on the Director Form are complete and correct to the best of my knowledge and belief.

Chief Fiscal Officer Signature: _____ **Date:** _____

Name of Chief Fiscal Officer: _____

DISCLOSURE OF CRIMINAL RECORD

The Director must complete this form.

Name of School operated by Hospital: _____

Name of School Director _____

The Executive Director may deny a certificate of authorization if the person who intends to operate a private occupational school has been convicted in this state, or any other state, of larceny in violation of section 53a-122 or 53a-123; identity theft in violation of section 53a-129b or 53a-129c; forgery in violation of section 53a-138 or 53a-139; or has a criminal record in this state, or any other state, that the Executive Director reasonably believes renders the person unsuitable to own and operate a private occupational school. A refusal of a certificate of authorization under this subsection shall be made in accordance with the provisions of sections 46a-79 to 46a-81, inclusive.

Please note the section below must be completed and your signature notarized affirming the information is true and correct. Failure to complete this section will result in denial of your application for consideration of approval to operate a private occupational school in Connecticut.

- 1) Have you ever been convicted of larceny ? yes no
If you answered yes, please explain in detail below:

- 2) Have you ever been convicted of identity theft ? yes no
If you answered yes, please explain in detail below:

3) Have you ever been convicted of a forgery ? yes no
If you answered yes, please explain in detail below.

4) Do you have a criminal record in Connecticut or any other state ? yes no
If you answered yes, please explain below:

AFFIDAVIT:

I, _____, do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Signature: _____ Title: _____

Print name: _____

Attested:

Sworn/affirmed and subscribed before me this _____ day of _____, 20__

Notary Public: _____

Date of commission expiration: _____

INSTRUCTOR FORM

SCHOOL NAME: _____ LOCATION: _____

The school must complete and submit one form for each person who is teaching. The school must submit an Instructor Form(s) as part of the application for initial approval or renewal approval. Print clearly.

The school must submit a revised Hospital School Staff Roster(s) (HPOSA AP Page 7) to the Executive Director in conjunction with each instructor addition or deletion.

INSTRUCTOR NAME: _____

Beginning Date: _____

TEACHING ASSIGNMENT: Program Name(s) and/or Course Name(s) and/or subject area(s):

QUALIFICATIONS:

The instructor must answer each question below.

- 1) I am at least eighteen years of age. Yes No
and
- 2) I hold a high school diploma, or other equivalency recognized by the Board of Education (G.E.D.) Yes No
and
- 3) I have not less than two (2) years of experience in the skill or subject to be taught within ten (10) years immediately preceding employment by the school or the equivalent in teacher training approved by the Board of Education in the skill or subject taught. Yes No
and
- 4) If hired after the date of October 10, 1984 and required to be a holder of state special permit(s) or license(s) to practice my trade(s) I shall be a holder of such permit(s) or license(s) and provide evidence prior to instructing in the practical application of the trade and shall maintain such license(s) or permit(s) during the period for which such instruction is given. Yes No N/A

EDUCATION AND EXPERIENCE

- Attach a current copy of your resume
- Attach a copy of your teacher certificate and/or occupational license (if applicable)

I do swear or affirm that the statements made on the Instructor Form are complete and correct to the best of my knowledge and belief.

Signature of Instructor: _____ **Date:** _____

It is the responsibility of the school to ensure that it hires an appropriately qualified individual. The Executive Director of the Office of Higher Education may waive the educational and other requirements for an instructor where there is other evidence of qualification. If applicable, attach documentation showing the grant of a waiver.

The School Director/Program Director must answer the following:

This instructor will serve as department head or supervising instructor No Yes
and Specify area _____

I do swear or affirm that the statements made on this form are complete and correct to the best of my knowledge and belief.

Signature: _____ **Date:** _____
School/Program Director

REQUEST FOR WAIVER OF INSTRUCTOR APPROVAL QUALIFICATIONS

SCHOOL NAME: _____ LOCATION: _____

This form is used in conjunction with the Instructor Form HPOSA Page 12-13 when applying for a waiver of instructor approval qualification(s). Do not use this form if you are not seeking a waiver of any of the qualifications.

Name of Proposed Instructor: _____

Subject area(s) to be taught: _____

Waiver is being sought of the following qualification(s) because the proposed instructor:

- is not at least 18 years of age
- does not hold a high school diploma or other equivalency recognized by the board (G.E.D.)
- does not have at least two years of experience in the skill or subject taught within ten years immediately preceding employment by the school, or does not have the equivalent in teacher training approved by the board in the skill or subject taught

List below the reasons for requesting waiver (detail person's other qualification(s) that you feel may supersede the qualification(s) for which you are seeking a waiver.) Be specific:

(A completed Instructor Form HPOSA AP Page 12-13 and Resume together with other supporting materials that highlight the qualifications of the proposed instructor must be attached).

Name: _____ Date: _____
School/Program Director

The Executive Director's designee has reviewed the attached material and the following determination has been made:

Waiver Granted: _____ Waiver Denied : _____ Date: _____

RECRUITER FORM

SCHOOL NAME: _____ CAMPUS: _____

The school must complete and submit one form for each person who recruits students for your school, which activity includes the signing of the student enrollment agreement (contract). The school must submit to the Recruiter Form(s) as part of the application for initial approval or renewal approval. Print clearly.

The school must submit a revised Hospital School Staff Roster(s) (HPOSA AP Page 7) to the Executive Director in conjunction with each recruiter addition or deletion.

RECRUITER NAME: _____

Beginning Date: _____

QUALIFICATIONS: The Recruiter must answer each question below.

- 1) I am thoroughly familiar with the school and its offerings. Yes No
and
- 2) I am being furnished with identification which shall be available for inspection by prospective students, their parents or guardians, law enforcement agents and state officials. Yes No
and
- 3) I shall refrain from making exaggerated statements and misleading statements and misrepresentations of any kind Yes No
and
- 4) I understand I am an agent of the school I represent. Yes No

I do swear or affirm that the statements made on this form are complete and correct to the best of my knowledge and belief.

Signature of Recruiter: _____ **Date:** _____

It is the responsibility of the school to ensure that it hires an appropriately qualified individual, pursuant to Regulation 10a-22k-5(k)(3), to act as Recruiter for the school.

The School Director/Campus Director must acknowledge by signature the following:

I understand that this recruiter is an agent of the school and the school shall be responsible for the actions of this recruiter regarding recruitment activities. A copy of the school-issued recruiter identification is attached.

I do swear or affirm that the above statements made on this form by the recruiter and me are complete and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Name School/Program Director: _____

PROGRAM/COURSE LIST

NAME OF SCHOOL: _____ **LOCATION:** _____

Please complete a separate form for Main Campus and each Branch Campus

Provide below the information requested for each and every **program/course** for which approval is required.

<u>Name of Program or Course</u>	<u>Time of Training*</u>	<u>Length** of Training</u>	<u>Delivery of Instruction***</u>	<u>Tuition Only</u>
Sample: Medical Assistant	D, E, W	200 Clock Hours	Residential	\$2,000.

1) Please indicate any program affiliation or articulation agreement the school may have with any post-secondary institution. If applicable, please attach supporting documentation.

2) Does any program you have listed above require the student to take an exam/license/certification from the Connecticut Department of Public Health in order to be employed in the profession? If so, please provide all supporting documentation.

* Time of Training – Day(D), Evening(E), Weekend(W), Lessons(L)

** Length designated in - clock hours, credit hours, quarter credit hours, lessons

*** Delivery of Instruction – residential, on-line, home-study/correspondence. You must list each type of delivery separately.

PROGRAM/COURSE INFORMATION

Complete a separate form for each program or course offered by school. Reproduce this page in sufficient quantities to have one for each occupational program/course. Place all attachments behind this page. Prepare separate pages when programs/course differ in time of training for day, evening, and weekends; differ in designated length by hours, credits, lessons and weeks; differ in method of delivery of instruction for residential, on-line, and home-study/correspondence.

Program/Course Name: _____

(The program/course name must be the same as listed on the Program/Course List (HPOSA AP Page 17), Enrollment Agreement/Contract and School Catalog.)

Attach the program/course curriculum, which will include an overview of courses offered in program, as well as, course/program outline syllabus, overview of courses with hours/credits/lessons and explanation of .

1. Indicate the method of delivery of course/program instruction:

_____ Residential _____ On-line _____ Home-study/Correspondence _____ Lessons

2. Indicate length and category of course/program offered:

_____ Clock Hours _____ Credit Hours _____ Quarter Credit Hours _____ Lessons

Indicate break down by lecture/class _____ Lab _____ Clinical _____ Externship _____ Shop _____

3. Indicate Time course/program offered:

_____ Day _____ Evening _____ Weekend _____ Sat. _____ Sun. _____ Lessons

4. Indicate when classes meet (example Mon and Wed) _____

5. Indicate hours classes meet (example 9:00 am to 2:00 pm) _____

6. Indicate course/program length in Hours per week _____

7. Indicate number of weeks in course/program _____ and number of Modules _____ if used.

8. Indicate maximum class size: classroom/lecture _____; lab _____ shop _____

9. **Attach a list indicating what equipment is available to teach this program/course.**

10. Describe below or attach the admission requirements for this program/course.

11. List below the total cost of program course/program:

Tuition	\$ _____
Application Fee (non-refundable yes__no__)	_____
Registration Fee (non-refundable yes__no__)	_____
Supplies	_____
Equipment	_____
Text books	_____
Other _____(Specify)	_____
	Total: \$ _____

LIBRARY MATERIALS

List below any library materials (appropriate to the approvable programs of the school) currently available to students at the school.

STUDENT RECORDS

Name of School: _____

Attach to this page a copy of the following student record forms used by School:
An asterisk * after a document indicates it is required.

- (a) Application for admission
- (b) Enrollment Contract/Agreement*
- (c) Interview form, if used
- (d) Admission/achievement test, if used
- (e) Health Form(s)
- (f) Attendance form *
- (g) Permanent transcript/grade record form*
- (h) Transcript Release form*
- (i) Student payment record form
- (j) Incident Counseling form
- (k) School Disclosure of Information Form – student acknowledgment of information:
 - a. Background Check Required – assault, larceny etc.
 - b. Driving Record Check Required – driving violations, suspension
 - c. Conditions required for employment in field of training
 - d. License or Certification required and Agency Responsible
 - e. Disclosure of Barriers to Employment – felony, medical condition, etc.

ENROLLMENT AGREEMENT/CONTRACT

Name of School: _____

Attach a copy or proposed copy of the school's enrollment agreement/contract. The enrollment agreement shall include, but is not limited to the following: (Indicate on the line by each item, the paragraph number where that item is included on the enrollment agreement/contract.)

Title: Identification of document as a contract or agreement. _____

School: Name, Address, Telephone and Fax number of the school. _____

Program or courses of study: program/course title as identified in school catalog. _____

Time required: Designate Time of Training (Day, Evening, Weekend or Lessons)
Length of Training in clock hours, credit hours, quarter credit hours or lessons and number of weeks or months normally required for completion as stated in school catalog. In the case of home study, the number of lessons required for completion. _____

Starting and ending dates: scheduled class starting and ending dates. _____

Class schedule: day, evening or other time of class attendance. In the case of home study schools, the schedule of when lessons received by mail are to be completed and returned by mail must be stated. _____

Certificate/diploma: Identify type of credential to be received by student upon successful completion of the program or course. _____

Costs: tuition, books and supplies and other costs. (Identify whether any payments are refundable or non-refundable such as application or registration fee). _____

Payment: Method and terms of payment. This must comply with federal truth-in-lending and state retail installment requirements. In the case of home study schools this, must comply, as the minimum, with federal truth-in-lending requirements where the student is not a resident of the State of Connecticut. _____

Withdrawal by student: Outline how a student would withdraw from school Prior to enrollment and after enrollment. By statute, school can not require student to notify school in writing of withdrawal. Also, all refunds are based on last date of verifiable attendance per statute. _____

Termination by school: Outline grounds for termination of a student enrolled by school prior to completion of course/program, include insufficient academic progress, nonpayment, failure to comply with published school policies. _____

Refund policy: Outline in detail, schools refund policy on all funds received by school prior to starting classes and prior to completion of the program/course. Timeframe of processing refund. _____

Employment assistance: State in a disclaimer that the school can not guarantee employment. _____

Barriers to Employment: List any barriers to employment i.e. felony, medical condition, etc. _____

Acknowledgments: At the end of the enrollment agreement/contract provide an acknowledgment that the student has read and received a completed copy of the enrollment agreement; and a copy of the school catalog. An enrollment agreement shall not be deemed completed and valid until the authorized school official has signed and the student has signed and received a copy of the enrollment agreement. If the student is a minor the signature of a guardian is required. _____

Signatures: Provide a line for a signature of student and of appropriate school official authorized to sign enrollment agreement/contract, as well as dates. Provide a place for the guardian of a minor to sign and date. _____

Please Note:

- 1) Since the enrollment agreement is the legal contract between the school and a student, it must include, at minimum, the information outlined above, which is required in statute.**
- 2) In order for the enrollment agreement/contract to be a legally binding document, it must be signed by all parties and a fully executed copy must be provided to the student, with the original maintained in the student's school file.**

CATALOG

Attach a copy or a proposed copy of the school's catalog. The catalog shall include, but is not limited to the following: (Indicate on the line by each item the paragraph number and /or page number where that item is included in the catalog.)

Cover page for catalog that indicates the period of time the catalog covers Including the full legal name of the school and address. Page _____

Inside cover indicate address for any branch campus and additional sites and telephone number and fax number for all locations. Page _____

List School Staff and Title Page _____

State Purposes/objectives of school Page _____

Describe facility: number of square feet, classrooms, labs etc. Page _____

Outline the admission requirements and procedures, as well as any Re-admission policy. Provide school disclosure of information which includes all information on any a) required background check – assault, larceny, etc.; b) driving record check – driving violations, suspension; c) conditions required for employment in field of training; and d) license or certification required and Agency responsible for issuance. Page _____

Provide school calendar including legal holidays. Page _____

Provide placement information (include school can not guarantee placement) and other student services (counseling, housing, etc.) Page _____

State school's attendance policy Page _____

State school's conduct policy and which violations are grounds for immediate dismissal (such as carrying a weapon, use of drugs or alcohol etc.) Page _____

State school's grading policy (must use numeric grading system, except for externship/internship/clinical can be pass/fail) Page _____

State school's requirements for graduation and include type of credential awarded – diploma or certificate, include student will receive a copy of their transcript. Page _____

Provide a student withdrawal policy (note the school can not require the student to notify the school of withdrawal in writing and any withdrawal will be based on the last date of verifiable attendance.) Page _____

Provide the school's termination policy, outline grounds for dismissal whether there is a refund if student is terminated by the school. Page _____

Provide the school's refund policy when a student withdraws, before class starts, after enrollment and when school terminates student's enrollment. Timeframe of processing refund. Page _____

Provide name of course/program and description of training offered. If program is offered provide outline of courses, time/credits and description of each course. Include externship, internship or clinical. Include program length and hours/credits for each course. Include all information if licensure is a requirement to work in field. Page _____

Provide a complete outline of all costs of course/program which includes Application fee and/or Registration fee, tuition, other fees, books, room and board. State if any fees are non-refundable. Page _____

Outline method of payment school will accept and whether any payment plans are offered. Include any sources of financial assistance such as Sallie Mae etc. Page _____

If school offers room and board accommodations, provide information. Page _____

Provide school's complaint policy and include statement that student may contact the Executive Director of the Office of Higher Education if they are not satisfied with the school's resolution of the complaint. Include the address and telephone number of the Office of Higher Education. Page _____

DIPLOMA/CERTIFICATE

Attach a copy, or a sample copy, of each diploma/certificate, educational credential or statement of achievement, which your school will issue to students upon successful completion of their program of study.

Indicate below the school's policy regarding documentation given to students who:
(a) withdraw in good standing prior to program completion or
(b) who complete the program but do not meet graduation requirements.

Check appropriate response(s):

_____ A transcript is issued

_____ A letter (attendance, accomplishment, etc.) is issued - attach copy

_____ Other (explain below)

COMPLAINTS/INQUIRIES

Attach a copy of the school's complaint/inquiry policy and procedures which is displayed, or will be displayed, in a clearly visible location at the school and at all branch and additional classroom sites. The policy and procedures must cover, at a minimum, the following:

- (1) a statement that the school does not have any policy nor acts in any manner which discourages or prohibits the filing of inquiries or complaints regarding the school's operation with the Executive Director of the Office of Higher Education,
- (2) the school's procedure for resolving complaints regarding the schools operation, and
- (3) the filing of inquiries or complaints, with the Executive Director of the Office of Higher Education, 450 Columbus Boulevard, Suite 707, Hartford, CT 0610, (860)1816.

FEES

If an applicant intends to charge fees for the products or services of students or instructors to third parties, please provide information below detailing the reasons why such services or production is necessary to provide an adequate experience in the area of instruction that is offered. Indicate below a schedule of such fees. (For example, if a school offers a massage therapy service to a third party for a fee.)

If no such fees are charged, mark here .

ADVERTISING

Attach sample copies of the school's current, or in the case of a new school, proposed advertisements.

- (1) Advertisements must comply with requirements of Federal and State Unfair Trade Practices Act, that they are factual and that they meet generally accepted standards for professional conduct.
- (2) It is prohibited to imply that the school operates under State supervision or is recommended by any state agency. However, the use of the phrase "approved by the Executive Director of the Office of Higher Education," is allowed.
- (3) Advertising for the school shall include the complete and correct name, address of the school on its certificate of authorization, and phone number. If training is to be conducted at a different location other than the location of the school itself, that location shall be identified.
- (4) School advertisements, of any type, shall not indicate or imply the availability of programs at schools or branch facilities where such programs of instruction are not available.
- (5) No school shall use "blind," "help wanted," or employment columns for advertising. Illustrations in all advertising matter shall be related solely to the school or be clearly designated otherwise.
- (6) If school advertising includes endorsements by manufacturers, business firms, organizations or individuals the school shall be able to present written evidence of such endorsement and shall include the date and location of such endorsement in printed advertising.

AFFIDAVIT OF NON-DISCRIMINATION

THE SCHOOL AGREES AND WARRANTS THAT IT WILL NOT DISCRIMINATE OR PERMIT DISCRIMINATION AGAINST ANY PERSON OR GROUP OF PERSONS ON GROUNDS OF RACE, COLOR, RELIGIOUS CREED, AGE, MARITAL STATUS, NATIONAL ORIGIN, SEX, MENTAL RETARDATION, MENTAL DISABILITY OR PHYSICAL DISABILITY.

AFFIDAVIT:

I, _____, do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Signature: _____ Title: _____

Print name: _____

Attested: Sworn/affirmed and subscribed before me this _____ day of _____, 20__

Notary Public: _____

Date of commission expiration: _____

AFFIDAVIT OF REQUIREMENTS FOR SCHOOL CLOSURE

The Hospital Administrator, and the School and/or Program Director must each complete this form if they are different individuals. Duplicate as appropriate. This affirmation is required to affirm the school administration’s knowledge of their responsibilities in the event of a school closure.

Name of Hospital-Based School: _____

Name of School Chief Fiscal Officer: _____

Name of School Director: _____

Name of Program Director: _____

(a) A hospital-based school shall notify the Executive Director, in writing, at least sixty days prior to closure of such school. The school shall provide evidence prior to closing that: (1) All course work is or will be completed by current students at the school; (2) there are no refunds due any students; (3) all student records will be maintained as prescribed under the Connecticut General Statutes Section 10a-22n and as amended by Public Act 11-48; (4) final payment has been made to the private occupational school student protection account; (5) a designation of service form has been filed with the Executive Director; and (6) the certificate of authorization has been returned to the Executive Director.

(b) Any hospital-based school that fails to meet the requirements outlined in subsection (a) of this section maybe fined not more than five hundred dollars per day for each day of noncompliance and shall be ineligible to be issued a certificate of authorization upon application to operate a hospital-based school. Any funds collected pursuant to this subsection shall be placed in the private occupational student protection account.

(c) If the Executive Director revokes a hospital-based school's certificate of authorization, such school shall comply with the requirements of subsection (a) of this section. Failure to comply shall result in further penalties at the discretion of the Executive Director.

AFFIDAVIT:

I have read the above statement, understand my responsibility as school administrator, and agree to comply with the statute.

Signature: _____ Title: _____

Print name: _____

Attested:

Sworn/affirmed and subscribed before me this _____ day of _____, 20__

Notary Public: _____

Date of commission expiration: _____

OFFICE OF HIGHER EDUCATION
450 Columbus Boulevard, Suite 707, Hartford, CT 06103

DESIGNATION OF AGENT OF SERVICE AND KEEPER OF RECORDS

Name and Address of Hospital-Based School: _____

Name and Title of Authorized Official: _____

Name and Title of School's Agent of Service: _____

Address of School's Agent of Service: _____

(Agent of Service – contact person responsible for all communication with the Office of Higher Education)

A. STATEMENT OF AGENT DESIGNATION

I, _____, [as Chief Fiscal Officer, President, School or Program Director, Secretary, etc.] of the above school do hereby designate the person listed above to be the authorized school's agent of service. As such, he/she will be available at all times at the address noted above to receive certified letters sent by the Office of Higher Education.

I further affirm that should another person become the school's agent of service, I shall immediately notify the Office of Higher Education through the submission of a new DESIGNATION OF AGENT OF SERVICE FORM.

SIGNATURE OF AUTHORIZED OFFICIAL: _____ DATE: _____

B. ACKNOWLEDGMENT OF AGENT DESIGNATION

I hereby acknowledge that I am the designated agent of service for _____ School and agree to comply with all the requirements.

SIGNATURE OF DESIGNATED AGENT: _____ DATE: _____

C. MAINTENANCE OF RECORDS

(a) A hospital-based school shall maintain, preserve and protect, in a manner approved by the Executive Director of the Office of Higher Education, or the Executive Director's designee, all school records including, but not limited to: (1) Student or academic transcripts; (2) attendance records; (3) copies of individual enrollment agreements or contracts; (4) evidence of tuition payments; and (5) any other documentation as prescribed by the Executive Director.

(b) The Executive Director, or the Executive Director's designee, may at any time during regular business or school hours, with or without notice, visit a private occupational school. During such visitation, the Executive Director, or the Executive Director's designee, may request an officer or director of the school to produce, and shall be provided with immediate access to, such records or information as are required to verify that the school continues to meet the conditions of authorization.

(c) If a school ceases to operate as a hospital-based school, it shall keep the Executive Director advised in writing as to the location and availability of student records or shall file all such records with the Executive Director.

(d) Indicate method of student record preservation:

- 1. Fire proof safe _____ yes _____ no
- 2. Computer maintenance (disk, CD, hard drive) _____ yes _____ no
- 3. Evidence of sprinkler system in the school _____ yes _____ no
- 4. Other (indicate) _____

I acknowledge I have read, understand and agree to maintain all student records as detailed in the above presented statute and will comply as required.

SIGNATURE OF THE KEEPER OF RECORDS

DATE

Printed Name