



**NEW JERSEY DEPARTMENT OF EDUCATION
NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

Checklist for Additional School Location

Notice: Additional school locations are not permitted to advertise, recruit or enroll students, collect tuition or other fees, or offer classes prior to being issued a Certificate of Approval from the New Jersey Departments of Education (DOE) and Labor & Workforce Development (DOL).

Name of School:		Location:	
------------------------	--	------------------	--

Required Documents to be Submitted to the DOE	Included	FOR DOE USE ONLY
1. Résumé for new school director <i>(must be different for each location)</i> and co-director.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Approved:
2. Three (3) letters of reference for new director and co-director attesting to his/her reputation for integrity and good business practices.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
3. Staff Data Form for new director and co-director at additional location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
4. School catalog displaying new address, telephone number and any changes to programs or staff.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
5. Section J forms listing all programs offered at additional location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Approved:

Submit the above required documents *(shown in blue)* to: New Jersey Department of Education, Office of Career Readiness, via email at privatecareerschools@doe.nj.gov

Required Documents to be Submitted to the DOL	Included	FOR DOL USE ONLY
1. Application fee of \$1,150 ; Certified Check or Money Order made payable to Treasurer, State of New Jersey , with copy of item #2, submitted to: Erica Slaughter, Administrative Analyst New Jersey Department of Labor and Workforce Development Division of Accounting John Fitch Way, 6th Floor PO Box 955 Trenton, NJ 08625-0955	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
2. Application for Initial/Additional Location Private Career School Approval.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
3. Copy of current school approval certificate.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration:

4. Business Registration Certificate filed with the NJ Department of Treasury, Division of Revenue, Client Registration Bureau for additional location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
5. Federal Employer Identification Number (FEIN) for additional school location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
6. Tuition Performance Bond for additional location (\$20,000) naming the Commissioner of the New Jersey Department of Labor and Workforce Development as obligee.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration: <input type="checkbox"/>
7. Proof of liability insurance and workers' compensation insurance for additional location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration: <input type="checkbox"/>
8. Copy of lease with two (2) signatures (school and building owner).	<input type="checkbox"/>	Owned: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration: <input type="checkbox"/>
9. Certificate of Occupancy for additional location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
10. Current Fire Inspection Certificate for additional location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration: <input type="checkbox"/>
11. Health Inspection Certificate for additional location (<i>if applicable</i>).	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N Expiration: <input type="checkbox"/>
12. Copy of floor plan showing classrooms, restrooms, break rooms, exits, parking, and location of student records.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
13. Student Enrollment Agreement displaying new school information.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N
14. Sample marketing/advertising materials for additional location.	<input type="checkbox"/>	Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N

Submit the above required documents (*shown in green*) to the Training Evaluation Unit via email at trainingevaluationunit@dol.nj.gov.

Once the above documents are found to be in compliance with state regulations, a letter and Certificate of Approval will be issued by the DOE and LWD that will allow the school to operate at the additional location.



**DOL APPLICATION FOR INITIAL/ADDITIONAL LOCATION
PRIVATE CAREER SCHOOL APPROVAL**

DATE: _____

I. SCHOOL DATA

Name of School: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ FAX: _____

Email Address: _____ Federal Tax ID #: _____

Web Page Address: _____

II. OWNER DATA*

Name of Owner(s): _____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

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

III. CORPORATE DATA: Corporation LLC Partnership Sole Proprietorship

Name of Corporation: _____

Address of Corporation: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ FAX: _____

Email Address: _____ (Primary Contact)

IV. SCHOOL DIRECTOR/CO-DIRECTOR DATA:

Name of School Director: _____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Name of Co-Director: _____

Co-Director's Telephone Number: _____

Co-Director's Email Address: _____

V. TUITION PERFORMANCE BOND:

The school presently holds a tuition performance bond/surety with the following agency:

1. Agency Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Bond #: _____ Telephone #: _____
Issue Date: _____ Expiration Date: _____

VI. ADDITIONAL PRIVATE CAREER SCHOOL INFORMATION

Do you offer customized training services? Yes No
Do you offer distance learning classes? Yes No
Wheelchair accessible: Yes No
Spanish spoken: Yes No
Other languages spoken: Yes* No

* Please check all that apply below:

Arabic Chinese French French Creole German
 Hungarian Indic/Hindu Italian Japanese Korean
 Portuguese Russian Tagalog Vietnamese Yiddish/
Hebrew
 Greek Polish Other (Please specify) _____

Career assistance/counseling available: Yes No
Linkage to One-Stop Career Center System: Yes No
Personal on-site job placement assistance: Yes No
Access to <https://careerconnections.nj.gov/>: Yes No
Childcare at facility: Yes No
Assistance obtaining childcare: Yes No
Evening courses: Yes No

Bus Route(s), if available: _____

Train Route(s), if available: _____