



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street • Boston • Massachusetts • 02118**

PROGRAM OR COURSE APPROVAL FORM: ATTACHMENT M

Schools must obtain the Division’s approval **prior** to offering new programs or courses and **prior** to making changes to existing programs or courses. A Program and Course Approval Form is required for **each** program or discrete course offering.

Name of School: _____ Date: _____

Contact Person: _____ Telephone: _____ Email: _____ aa _____

Program/Course Title: _____ Proposed Start Date: _____

Entrance Requirements: _____
(e.g. high school diploma/GED, TB test, minimum level of English competence, CPR certificate, US citizenship/US residency status)

___ New Program ___ Existing Program ___ Changes to an Existing Program

Number of Students Enrolled: _____ as of (date): _____

Location(s) Offered _____

___ Cancellation of Program ___ Date of Cancellation - Reason for Cancellation: _____

Clock hours _____ Credit hours _____ Tuition \$ _____

- Attach program and course descriptions that include the hours for each course within the program of study.
- Attach description of any off-campus clinical training experience(s) and the number of hours for the clinical training.
- Attach description of any practicum experience(s) and the number of hours for the practicum.
- Attach accrediting agency or agencies approval letter(s). Please also include the following information:

Date of Initial Accreditation: _____

Date of Accreditation Suspension or Revocation: _____ Date of Accreditation Reinstatement: _____

Name and address of accrediting commission (neither the Division nor the USDOE accredit programs) or other Massachusetts agency(ies) to which the school will send copy of this Division-approved form (attach additional sheets as necessary):

Name _____ Address _____

City _____ State _____ Zip Code _____

If approved, DPL approval expires upon expiration of the applicant’s occupational school license.
If denied, the school may seek reconsideration of DPL’s decision by following the Course Denial Reconsideration Process.

For Division Use Only:	
Approved By: _____	Date: _____
Denied/Revoked by: _____	Date: _____
Copy sent to: Tom Meagher, Office of the State Auditor, One Ashburton Place, Boston, MA 02108	

