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Commonwealth of Massachusetts
Division of Professional Licensure
OFFICE OF PRIVATE OCCUPATIONAL SCHOOL EDUCATION
1000 Washington Street • Boston • Massachusetts • 02118

JOHN C. CHAPMAN
UNDERSECRETARY OF
CONSUMER AFFAIRS AND
BUSINESS REGULATION

CHARLES BORSTEL
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

Approval Denial Date: _____
DPL Staff Initials: _____

STAFF CERTIFICATION AND APPROVAL

Pursuant to G.L. c. 112, § 263, all staff at licensed private occupational schools must be approved by DPL. Approval requires satisfactory completion of this Staff Certification Form by the school. Approvals are subject to rescission at any time, and expire on the school's license expiration date.

Name of School: _____

Name and Position of Staff Member: _____

Proposed Date of Hire: _____

Type of Staff Certification (check one):

- Original Certification (first certification for this individual by this school)
- Renewal Certification (must accompany each school license renewal application)
- Additional Certification (if the staff member is changing positions in this school)

Email Address(es) for approval notification: _____

Attest to the following certifications by initialing each and signing below.

Initials	Certification
	<u>Due diligence</u> : The school conducted due diligence as to this individual, which included verifying education and/or work experience.
	<u>CORI Acknowledgement Form</u> : The school distributed to the staff member the CORI Acknowledgement Form and included the completed form in this mailing.
	<u>SORI Acknowledgement Form</u> : The school distributed to the staff member the SORI Acknowledgement Form and included the completed form in this mailing.
	<u>School certification</u> : The school certifies that this person, based on the verified education and/or work experience and other qualifications, is qualified to work at the school.



The school represents that the information provided here is true and complete. The school understands that providing false information may result in discipline, including license suspension, revocation and/or fines.

The undersigned states that the information provided in this certification is true and complete to the best of his or her knowledge, and that he or she is authorized to sign this Staff Certification on behalf of the school.

Signature

Date

Printed Name: _____ **Title:** _____

Direct Email Address: _____ **Direct Phone Number:** _____

(Please Print Clearly)

Mail this certification to:

MASSACHUSETTS DIVISION OF PROFESSIONAL LICENSURE

Office of Private Occupational School Education

1000 Washington Street, Suite 710, Boston, MA 02118-6100

website: www.mass.gov/dpl/schools

Posted: April 2016

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective and current school staff member.

As a prospective or current school staff member, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

When you have completed these forms, please return them to your administration so that they may submit them to the DPL.

FOR APPROVAL PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Office of Private Occupational School
Education

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE OFFICE OF PRIVATE OCCUPATIONAL SCHOOL EDUCATION, 1000 WASHINGTON STREET, SUITE 710, BOSTON, MA 02118.

**SEXUAL OFFENDER RECORD INFORMATION (SORI)
ACKNOWLEDGEMENT FORM**

This form is to be completed by the *applicant*, not the *school*.

As a prospective or current school staff member, a SORI check will be submitted for my personal information to the Sexual Offender Registry Board (“SORB”) by the Division of Professional Licensure (DPL) prior to my approval and an ongoing basis.

Please provide the information requested below. As part of the SORI check, DPL requires the full Social Security Number and Date of Birth of each applicant. If you have questions or concerns about the information requested below, please do not hesitate to contact DPL staff at (617) 727-5811 or via email at occupational.schools@state.ma.us.

Full Name: _____
(Please print clearly)

School Name: _____

Date of Birth: ____/____/____ Full Social Security Number: ____-____-____

Phone Number: ____-____-____ Email Address: _____

When you have completed these forms, please return them to your administration so that they may submit them to the DPL.

By signing below, I understand and acknowledge that a SORI check will be submitted for my personal information to the Sexual Offender Registry Board (“SORB”) by the Division of Professional Licensure (DPL) prior to my approval and an ongoing basis.

Signature

Date