



Commonwealth of Massachusetts
Division of Occupational Licensure
OFFICE OF PRIVATE OCCUPATIONAL SCHOOL EDUCATION
1 Federal Street • Boston • Massachusetts • 02110

INSTRUCTOR CERTIFICATION AND APPROVAL

Pursuant to G.L. c. 112, § 263, instructors at licensed private occupational schools must be approved by the Division of Occupational Licensure (DOL) before teaching classes. Approval requires satisfactory completion of this Instructor Certification Form by the school, submission of same to DOL, and DOL review and verification of approval to the school. Approvals are subject to rescission at any time and expire on the school's license expiration date. Instructor approvals are not transferable between schools. A DOL-approved instructor may teach at any DOL-approved location operated by the licensed private occupational school making the certification.

Licensed schools must submit instructor certification requests on-line via an Amendment to the school's license; log into ePortal account, click on "Amendment" to the right of the school's license, select Instructor Certification; once "successfully submitted," email Record ID# to the school's licensure specialist at DOL (detailed directions are available at the end of this document). Initial School Applicants must upload instructor certification packets with all other documentation to its initial on-line application.

Name of School: _____

Name of Instructor: _____

Type of Instructor Certification (check one):

- ☐ **Original** Certification (first certification for this instructor by this school).
Proposed Date to Begin Instruction: _____
- ☐ **Renewal** Certification (must accompany each school's license renewal application); may be combined with "Additional Certification" below.
- ☐ **Additional** Certification (only list the new courses for an instructor already approved by DOL to teach other courses at this school and attach copy of DOL's most recent approval for instructor. Please note that SORI and CORI Acknowledgment forms are not required for Additional Certification only)

Email address to which DOL may send Approval Notification:

Provide to the instructor for completion the CORI Acknowledgment Form (pages 3 and 4) and the SORI acknowledgment Combine the following documents into Form (page 5). a single PDF, labeled Please ensure the notary's seal is visible on the electronic copy. with the name of the instructor (e.g., "Smith, Juanita"):

- 1) Completed instructor certification form,
- 2) Notarized CORI,
- 3) Completed SORI,
- 4) Instructor's current resume, or vitae, which must include his/her name, address, telephone, email, dates of employment, and state the duties in the relevant subject area(s) of the instructor. (Not required for renewal or additional certification.)
- 5) Computer printout of professional license, if required (see attestations for more information).

List below the courses the school is certifying the instructor is qualified to teach. List each course name with the corresponding course number on a separate line. Attach additional pages if necessary, or use a DOL-approved course ID checklist developed by the school.

Program Name	Course ID and Course Name (as indicated on school's DOL-approved program/course form)



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

Initials	Certification
	<u>Due diligence</u> : The school conducted due diligence as to the instructor, which included obtaining a current resume or curriculum vitae, verifying education and work experience, and contacting at least three references provided by the prospective instructor (at least one personal reference and one professional reference).
	<u>CORI Acknowledgement Form</u> : The school distributed to the instructor the proper CORI Acknowledgment Form and included the form, completed by the instructor, in this mailing.
	<u>SORI Acknowledgement Form</u> : The school distributed to the instructor the proper SORI Acknowledgment Form and included the form, completed by the instructor, in this mailing.
	<u>Licenses</u> : This instructor possesses the relevant professional license, if any, necessary to teach each listed course. If a professional license is required in order to teach a course, attach a printout of the online license verification available from the licensing authority, showing that the license is current and in good standing. If a computer printout is not available from the licensing authority, then please submit a photocopy of the license.
	<u>Accreditation requirements</u> : This instructor satisfies the instructor requirements of the school's accrediting agency or agencies, if any, for each of the listed courses.
	<u>Additional Requirements</u> : This instructor meets the Additional Requirements, if any, set forth for each subject area in effect as of the date of this Instructor Certification.
	<u>School certification</u> : The school certifies, based on the verified education, work experience, and other qualifications of this instructor, that he or she is qualified to teach each of the courses listed on this Instructor Certification.
	<u>Documentation</u> : The school has documented each of the foregoing initialed certifications and maintains those documents in an orderly and secured file specific to this instructor. The school understands that this file must be maintained for at least six years after the last class taught by the instructor, and must be produced to DPL upon request.

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 Instructor Certification on behalf of the school.

Signature _____
Date

Printed Name: _____ **Title:** _____

Direct Email Address: _____ **Direct Phone Number:** _____
(Please Print Clearly)

***This document must be signed by the owner, director, or authorized agent.**

Delivery Method: Schools must submit on-line via the school's ePortal account.

DOL no longer accepts mailed or faxed certifications.
NEVER email certification packets as email is NOT a secure delivery method for
transmitting confidential personal information.

COMMONWEALTH OF MASSACHUSETTS
1 Federal Street, Suite 0600
Boston, MA 02110-2012

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

The Division of Occupational Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Occupational 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 license applicants and current licensees.

As a license applicant or current licensee, 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 Occupational 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 Occupational 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 DOL.

FOR APPROVAL PURPOSES ONLY:

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

NOTE: DOL 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, 1 FEDERAL STREET, SUITE 0600, BOSTON, MA 02110.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

*Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DOL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State Issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY:

Name of Verifying DOL Employee (Please Print)

Signature of Verifying DOL Employee Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[†]

☐ Passport ☐ State Issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

**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 instructor, 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 on 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 617-701-8719 or via email at occupational.schools@mass.gov.

*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 on an ongoing basis.

Signature

Date

Applying for New (Original) Instructors, Renewing or Amending Existing Instructor Approvals

In the school's ePortal account, schools may apply for approval of new instructors, request additional approvals for DPL-approved instructors, or renew DPL-approved instructors, by submitting an Occupational School Instructor Certification packet.

Steps for submitting request online via school's ePortal account:

- 1) Log into the school's ePortal account.
- 2) Click on Manage Licenses and Permits.
- 3) Locate the school's license record on the list (the last record on the last page). To the right of the Record is the word "Amendment," click on it¹.
- 4) Select Instructor Certification.
- 5) Complete all screens, uploading the certification packet. The packet should be a single PDF labeled with the person's name that includes²:
 - a. Completed certification form,
 - b. Completed and notarized CORI,
 - c. Completed SORI,
 - d. Resume/curriculum vitae; and,
 - e. If required, professional license or ethics certification.
- 6) Once submitted, you will receive a message "Successfully Submitted," with a RECORD ID#. If you missed the Successfully Submitted message, you may confirm your submission, under Manage Your Licenses and permits locate the RECORD ID# for the submission and you will note the word "submitted" to the right. If the amendment indicates "TMP," is it a temporary record that you have not yet completed.
- 7) Please email the school's licensure specialist, copying occupational.schools@mass.gov with the Record ID generated by the Amendment. DPL does not receive notice from the system of your submission and relies on you to notify DPL.

The record ID will have the following format: 131XXXXX-2021-XXXX-OS-IN-APP

Key: 131XXXXX = the school's license number
 2021 = the year of the submission
 XXXX = the identifying number for this submission
 OS = Occupational Schools
 IN = Instructor
 APP = Application

Sample Screenshot:

Record list

Showing 1-10 of 68 | [Download results](#) | [Add to collection](#)

Date	Identifying Number	Record Type	Entity Name	Expiration Date	Status	Action	Short Notes
03/04/2020	131XXXX-2020-133-OS-IN-APP	Occupational School Instructor Certification			Submitted	Amendment	OS
03/04/2020	131XXXX-OS-	Occupational School Program-Course Approval					OS
03/03/2020	2020-14-OS-PR-APP	Occupational School Program-			Current		

¹ You may need to scroll your screen to the right in the event your computer screen's view does not capture the full width of the page.

² HINT: The system requires at least three separate documents; however, if you upload a PDF that contains all documents three times, you will be assured of having included the required documents.

