



CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

JAY ASH
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

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 BORTSEL
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

☐ Approval ☐ Denial Date: _____
DPL Staff Initials: _____

INSTRUCTOR CERTIFICATION AND APPROVAL

Pursuant to G.L. c. 112, § 263, instructors at licensed private occupational schools must be approved by the Division of Professional Licensure (DPL) before teaching classes. Approval requires satisfactory completion of this Instructor Certification Form by 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 DPL-approved instructor may teach at any DPL-approved location operated by the licensed private occupational school making the certification.

Name of School: _____

Name of Instructor: _____

Proposed Date to Begin Instruction: _____

Type of Instructor Certification (check one):

- ☐ Original Certification (first certification for this instructor by this school).
- ☐ Renewal Certification (must accompany each school license renewal application).
- ☐ Additional Certification (list only new courses for an instructor already approved to teach other courses at this school and attach copy of most recent approval letter for instructor. Please note that SORI and CORI Acknowledgement forms are not required for Additional Certification)
- ☐ Existing Instructor Certification (attach a copy of the most recent DPL approval)

Physical Address for Approval Notification: _____

Attach the instructor's current resume, or curriculum vitae, which must include his/her name, address, telephone, email address, dates of employment, and state the duties in the relevant subject area(s) of the instructor. Please distribute the CORI Acknowledgment Form (pages 3 and 4) and the SORI Acknowledgment Form (page 5) to the instructor for completion, and return it to the DPL along with the requested information.

List below the courses that 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 DPL-approved course ID checklist.

Course ID	Course Name (as indicated on school's DPL-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)

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

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 instructors.

As a prospective or current instructor, 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

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.

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 DPL 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 DPL Employee (Please Print)

Signature of Verifying DPL 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 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