



**Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Private Occupational School Education**

One Federal Street, Suite 600
Boston, Massachusetts 02110-2012

**TECHNICAL ASSISTANCE HANDOUT
Requirements for Certificates of Completion and Transcripts**

Private occupational schools licensed, or to be licensed, under M.G.L. c. 112, s. 263 must provide DOL with a sample copy of any certificate, diploma, and transcript to be awarded to its students in accordance with 230 CMR 15.02. Schools accredited by a U.S. Department of Education-approved accreditor must also comply with its accreditor's requirements.

Certificate of Completion or Diploma Requirements

Document Requirements

- Must indicate the type of document being awarded (Certificate of Completion or Diploma)

Student Information

- Student's full legal name, in a machine-readable font¹.
- Name of completed program, or programs²
- Date student completed program

Institution Information

- School name
- School seal or logo
- Licensure information: "Licensed by the Massachusetts Division of Occupational Licensure's Office of Private Occupational School Education"
- Third-party approvals (e.g., DPH's Nurse Aide Registry, RMV) with license number
- Accreditation Information, if accredited

Authentication

- The certificate or diploma must be signed and dated by an authorized school official

Transcript Requirements

Student Information

- Student's full legal name
- Student ID number (or other unique identifier)

¹ Since documents must be kept for sixty (60) years, school may not use a cursive font – a font in which letters are joined together in a flowing style.

² The format of Nurse Aide Training (NAT) certificates must be approved by DPH's Nurse Aide Registry. If the school also issues certificates for other occupational training programs, the NAT program must be issued separately from other subject areas (e.g., HHA).



- Student’s partial date of birth, e.g., XX/XX/2001 (optional)³
- Student’s partial social security number e.g., XXX-XX-1906 (optional)
- Graduation date and year

Institution Information

- School name
- School address and contact information
- Licensure information: “Licensed by the Massachusetts Division of Occupational Licensure’s Office of Private Occupational School Education.”
- Accreditation information, if applicable⁴
- School seal or logo

Program Information

- Program name
- Credential awarded (certificate, diploma)
- Program length (clock hours, credit hours⁵, or both)
- Start date and end/completion date
- Date credential was awarded (if completed); or, date student withdrew from program
- Attendance record (common for clock-hour programs, particularly those programs for which there are professional licensing requirements)

Academic Record

For each separate course or module, if any:

- Course title and course number
- Academic year/semester/date in which they were completed
- Dates attended
- Final grade(s): The final grades received for each course/module, typically presented as letter grades (A, B, C, etc.) or pass/fail (P or F).
- Explanation of symbols or abbreviations (included on transcript).
- Total credits or clock hours attempted or earned
- Completion status (completed, withdrawn, dismissed)
- Transfer credits accepted, if any⁶

Official Documentation

- Issued on official institutional letterhead
- Signed and/or sealed to verify authenticity
- Date of issuance
- Security features recommended (e.g., watermarks, non-erasable paper)
- Consider numbering certificates of completion to assist with verification requests from former students’ applications for employment, education, or professional certification.

³In compliance with FERPA, partial DOBs and partial SSNs may be used only to verify student records while protecting student privacy.

⁴ Schools accredited by a U.S. Department of Education-approved accrediting agency must use the format prescribed by its accrediting agency.

⁵ Credit hours may be used only by schools that are approved by an accrediting agency recognized by the U.S. Department of Education.

⁶ Transcripts for massage therapy programs must clearly disclose whether any listed education hours/credits arise from the school’s acceptance of transfer hours/credits, and for each hour/credit listed on the student’s transcript that arises from the transferring of hours/credits, the school must clearly disclose on the student’s transcript the name and full geographic location of the institution from which the hours/credits originated.

Reissued Transcripts or Certificates of Completion

- If transcripts are destroyed due to fire, flooding, system malfunction, or other cause, they must be reissued by the school.
- Reissued transcripts must include the following statement:
“This documentation has been reissued by the school due to (insert reason for reissuance).”
This statement is required to clarify discrepancies if a students-submitted transcript does not match the institution’s retained copy.

Record Retention Requirements

Massachusetts record retention laws require occupational schools to maintain signed and dated:

- Transcripts
- Certificates of completion
- Diplomas

for **sixty (60) years**. Upon school closure, digital copies of these records must be submitted to DOL for retention for the same period. [Retaining occupational school student records | Mass.gov](#)

SAMPLE Certificate of Completion

	
NAME OF SCHOOL Address of School	
CERTIFICATE OF COMPLETION	
This certifies that (full legal name of student)	
Has successfully completed (name of program, number of hours of program)	
On this (date of completion)	
Licensed by the Massachusetts Division of Occupational Licensure’s Office of Private Occupational School Education.	
DOL# <hr/>	RMV#, if any <hr/>
Signature School Owner, Director, or Director of Education	Date <hr/>
Accreditation Information and Logo, if any	

SAMPLE Nurse Aide Certificate of Completion

School Logo

NAME OF SCHOOL

Address of School

This Certification of Completion indicates that
(full legal name of student)

Has successfully completed
(name of program, number of hours of program)

On this
(date of completion)

Licensed by the Massachusetts Division of Occupational Licensure's Office of Private
Occupational School Education.

DPH#

DOL#

Signature

Nurse Aide Instructor

Signature

School Owner or Director

SAMPLE Transcript

School Logo School Name School's Address																																																																								
Student's Name: Student's Address: Student's ID: XXXX, if any SSN: xxx-xx-1642, if used DOB: xx/xx/1912, if used																																																																								
Program Name: Program Start Date: Accreditation Information, if any			Program Clock Hours: Last Date Attended:																																																																					
Training Outcome <input type="checkbox"/> Graduated <input type="checkbox"/> Withdrew <input type="checkbox"/> Incomplete			Date: Credential Awarded:																																																																					
Course Number	Date	Course Title	Grade	Clock Hours																																																																				
Grade Scale: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Grade</th> <th style="width: 20%;">GR Range</th> <th style="width: 10%;">Num</th> <th style="width: 60%;">Desc</th> </tr> </thead> <tbody> <tr><td>A</td><td>93.00-100.00</td><td>4.00</td><td>A</td></tr> <tr><td>A-</td><td>90.00-92.00</td><td>3.67</td><td>A-</td></tr> <tr><td>B+</td><td>87.00-89.00</td><td>3.33</td><td>B+</td></tr> <tr><td>B</td><td>83.00-86.00</td><td>3.00</td><td>B</td></tr> <tr><td>B-</td><td>80.00-82.00</td><td>2.67</td><td>B-</td></tr> <tr><td>C+</td><td>77.00-79.00</td><td>2.33</td><td>C+</td></tr> <tr><td>C</td><td>73.00-76.00</td><td>2.00</td><td>C</td></tr> <tr><td>C-</td><td>70.00-72.00</td><td>1.67</td><td>C-</td></tr> <tr><td>D+</td><td>67.00-69.00</td><td>1.33</td><td>D+</td></tr> <tr><td>D</td><td>63.00-66.00</td><td>1.00</td><td>D</td></tr> <tr><td>D-</td><td>60.00-62.00</td><td>0.67</td><td>D-</td></tr> <tr><td>F</td><td>0.00-59.00</td><td>0.00</td><td>Failure</td></tr> <tr><td>P</td><td>0.00-0.00</td><td>0.00</td><td>Proficiency</td></tr> <tr><td>S</td><td>0.00-0.00</td><td>0.00</td><td>Satisfactory Extern</td></tr> <tr><td>T</td><td>0.00-0.00</td><td>0.00</td><td>Transfer</td></tr> <tr><td>w</td><td>0.00-0.00</td><td>0.00</td><td>withdrawal</td></tr> </tbody> </table>					Grade	GR Range	Num	Desc	A	93.00-100.00	4.00	A	A-	90.00-92.00	3.67	A-	B+	87.00-89.00	3.33	B+	B	83.00-86.00	3.00	B	B-	80.00-82.00	2.67	B-	C+	77.00-79.00	2.33	C+	C	73.00-76.00	2.00	C	C-	70.00-72.00	1.67	C-	D+	67.00-69.00	1.33	D+	D	63.00-66.00	1.00	D	D-	60.00-62.00	0.67	D-	F	0.00-59.00	0.00	Failure	P	0.00-0.00	0.00	Proficiency	S	0.00-0.00	0.00	Satisfactory Extern	T	0.00-0.00	0.00	Transfer	w	0.00-0.00	0.00	withdrawal
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