

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

1000 Washington Street • Boston • Massachusetts • 02118

APPLICATION FOR PROPOSED BRANCH

A branch is defined as another location of a licensed school; all branches have the same owners and are considered the same business. Unlike a separate campus or a franchise, which must hold its own licenses, a branch does not have its own managerial and administrative personnel. Franchises with different owners and are considered separate businesses, even if multiple franchises of the same business are operating with the same d/b/a. Franchises are not branches; therefore, each franchise must apply for its own license.

This form must be completed and returned with all supporting materials at least **thirty days prior** to anticipated opening date. A separate application must be completed for <u>each</u> branch. The Division will review this application and its attachments and, if approved, will return to the school an approved copy.

School Name:		
Current Address:		
Contact Person Name:	Phone Number:	
Proposed Location of Branch:		
Address:		
Branch Administrator/Director/Coordinator:	Title:	
Branch Phone Number:		
Please return application with the following attachments:		
 Fire Inspection Report Building Inspection Report, with use group Floor Plan(s) Copy of the lease, signed by both the lessee(s) and the lessor(s), which also includes the lessor's name, address, and telephone number Equipment List (form available on the DPL website) Program and Course Approval Forms, (Form available on the DPL website), with the new location listed 		

- □ Instructor List*, including Instructor Approval Forms (available on the DPL website) for any new instructors
- Employee List* and resumes for any personnel not previously reported to the Division, using the form provided on the DPL website
- □ Enrollment Agreement* and administrative cost schedule (samples available on the DPL website)
- □ If teaching phlebotomy at the new location, attach a copy of the school's medical waste disposal contract that includes the new location.
- □ If teaching massage therapy, phlebotomy, or colon hydrotherapy at the branch location, attach copies of the local Board of Health approvals for each program.
- D/b/a certificate, if applicable, or copy of valid certificate if already doing business in this city/town.

*If using previously approved materials, submit a copy or date of the approval by the Division.

The signatory below certifies that this application contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of this school's license(s) to operate a private occupational school.

Signed under the penalties of perjury.

Signature*

Date

School

Title

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

To ensure timely delivery, please address all correspondence as follows:

Massachusetts Division of Professional Licensure <u>Office of Private Occupational School Education</u> 1000 Washington Street, Suite 710 Boston, MA 02118-6100

For DPL Use Only:	
Acknowledged By:	Date:
Copy sent to: Tom Meagher, Office of the State Auditor, One Ashburton Place, Boston, MA 02108	