



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

STAFF CERTIFICATION AND APPROVAL

Pursuant to G.L. c. 112, § 263, all staff at licensed private occupational schools must be approved by DPL prior to hire. 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. For licensed schools, Staff Certifications may not currently be filed online and must be submitted using the directions on page 2 of this document.

Name of School: _____

Name Staff Member: _____ Position of Staff Member: _____

Type of Staff Certification (check one):

- Original** Certification (first certification for this individual by this school)
Proposed Date of Hire: _____
- 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: _____

A school representative must 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)

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

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

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

Or fax this completed and signed document to 617-727-0139

This document may not be emailed to DPL as email is not a secure method by which to send confidential, personal information.

COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100

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 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 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:

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: 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 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@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 an ongoing basis.

Signature

Date