



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street • Boston • Massachusetts • 02118**

SCHOOL OWNER INFORMATION

Each prospective school owner, and each owner of renewing schools must complete this document.

1. _____
FIRST NAME MI LAST NAME

2. _____
ADDRESS CITY/TOWN ZIP CODE

3. _____
TELEPHONE EMAIL

4. _____
DATE OF BIRTH PLACE OF BIRTH MAIDEN NAME/OTHER NAME

5. SOCIAL SECURITY NUMBER: _____ - _____ - _____
Pursuant to G.L. c. 62C, § 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

6. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any other country or foreign jurisdiction?
 Yes No
If yes, please state the details. (Use a separate sheet if necessary.): _____

7. Are you the subject of pending disciplinary actions by a licensing board located in the United States or any other country or foreign jurisdiction?
 Yes No
If yes, please state the details. (Use a separate sheet if necessary.): _____



8. Have you ever voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any other country or foreign jurisdiction?

Yes No

If yes, please state the details. (Use a separate sheet if necessary.): _____

9. Have you ever applied for and been denied a professional license in the United States or any other country or foreign jurisdiction?

Yes No

If yes, please state the details. (Use a separate sheet if necessary.): _____

10. Have you ever been convicted of a felony or misdemeanor in the United States or any other country or foreign jurisdiction (other than a traffic violation for which a fine of less than \$100.00 was assessed)?

Yes No

If yes, please state the details. (Use a separate sheet if necessary.): _____

Pursuant to M.G.L. c. 112, s. 263, DPL may have access through the Department of Criminal Justice Information Services to data about convictions and pending criminal cases of all school principals, owners, directors, officers, and members of the business entity, as appropriate for the organizational ownership of the school. No records are automatic disqualifiers; you will be given an opportunity to explain any possible disqualifiers.

11. I further attest that, pursuant to G.L. c. 62C, § 49A, to the best of my knowledge and belief, I have complied with all the required laws relating to taxes, reporting of employees and contractors, and child support.

I understand that this information is supplied certify, under pains and penalties of perjury, and that failure to provide accurate information may be grounds for the Massachusetts Division of Professional Licensure to deny me the right to be licensed, or to suspend or revoke a license issued to me.

Signature Of Applicant

Current Date

Printed Name of Applicant

This document may be uploaded as part of the school's online application for initial or renewal, or this document may be mailed or faxed to DPL. However, **never** email documents with confidential personal information to DPL as email is **not** a secure delivery method.

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