NEW JERSEY DEPARTMENT OF EDUCATION



NEW JERSEY DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT

CHECKLIST FOR CHANGE IN PRIVATE CAREER SCHOOL (PCS) LOCATION

NOTICE: No PCS shall advertise programs, recruit or enroll students, collect any tuition and fees, or instruct classes at a new location prior to being issued a Certification of Approval.

Item		Included	LWD USE ONLY			
1.	Copy of current approval certificate;		Acceptable: Expiration:	ПΥ	□N	
2.	Official notice to currently enrolled students that the PCS will be relocating;		Acceptable:	ПΥ	□ N □ N/A	
3.	Copies of modified enrollment agreements signed by all students affected by the change in the PCS location;		Acceptable:	ПΥ	□ N □ N/A	
4.	Amended Business Registration Certificate made with the New Jersey Department of Treasury, Division of Revenue, Client Registration Bureau;		Acceptable:	□Y	□N	
5.	Certificate of Occupancy for new PCS location;		Acceptable:	ПΥ	□N	
6.	Proof of continued Tuition Performance Bond for the new PCS location;		Acceptable: Expiration:	ПΥ	□N	
7.	Proof of liability and workers' compensation insurance for the new PCS location;		Acceptable: Expiration:	ПΥ	□N	
8.	Copy of lease agreement with two signatures (PCS and building owner) for the new PCS location;		Owned: Expiration:	ПΥ	□N	
9.	Current Fire Inspection Certificate for the new PCS location;		Acceptable: Expiration:	ПΥ	□N	
10.	Current Health Inspection Certificate, if applicable, for the new PCS location;		Acceptable: Expiration:	ПΥ	□ N □ N/A	
11.	Copy of floor plan showing classrooms, restrooms, break room, exits, parking and location of student records for the new PCS location;		Acceptable:	ПΥ	□N	
12.	Addendum to PCS's catalog indicating new location and telephone number;		Acceptable:	ПΥ	□N	
13.	Amended student enrollment agreement indicating new PCS location;		Acceptable:	ПΥ	□N	
14.	Sample marketing/advertising materials for the new PCS location;		Acceptable:	ПΥ	Z	
15.	Section J forms for each program that will be offered at the new location emailed according to instructions on the form.		Acceptable: Approved:	ПΥ	□N	

Name of PCS:					
New Address					
Street:			City:		
State:	Zip Code:		_	Telephone:	
FAX:		Email Address:			
Previous Address					
Street:			City:		
State:	Zip Code:		_	Telephone:	
FAX:		Email Address:			
Director:					

Please send all documents to the Training Evaluation Unit via email at trainingevaluationunit@dol.nj.gov.

Forms listed on the checklist can be found on the Training Evaluation Unit's website at http://lwd.dol.state.nj.us/labor/lwdhome/coei/teu.html. If you have any questions, please contact the Training Evaluation Unit via email at trainingevaluationunit@dol.nj.gov.