NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

ADMINISTRATIVE REQUIREMENTS FOR PRIVATE CAREER SCHOOL (PCS) RENEWAL

Name of School:			Location:		
Please email the following documents, except for item #5, to the trainingevaluationunit@dol.nj.gov .					
		Items	Included (√)	For DOL Use Only	
1.	Administrative Requirements for PCS Approval Checklist			Acceptable: 🔲 Y 🔲 N	
2.	 Application for Renewal of Private Career School Certificate of Approval 			Acceptable:	
3.	Accreditation Data			Acceptable:	
4.	Signed and notarized Statement of Assurances			Acceptable:	
5.	certifi New .	efundable application fee of \$900.00 in the form of a ed check or money order only, payable to Treasurer, State of lersey, along with a copy of item #2, to:			
	New . Divisi John	Slaughter Jersey Department of Labor and Workforce Development on of Accounting Fitch Way, 6 th Floor, PO Box 955 on, New Jersey 08625-0955		Acceptable: 🔲 Y 🔲 N	
6.	AtReCo	cial Reports (past three (3) years, if applicable): udited Financial Statement; eview; empilation; or, ederal Tax Return.		Date LWD Approved:	
7.	perce years,	n Performance Bond in the amount of \$20,000 or five (5) nt of the average gross tuition income for the past three (3) whichever is greater, with obligee as the Commissioner, the tabor and Workforce Development.		Bond Co: Policy #: Bond Amount: Expiration Date:	
8.		nt Professional Liability Insurance and Workers' ensation Certificate of Insurance		Policy #: Expiration Date:	
9.	Curre	nt Certificate of Fire Inspection		Expiration Date:	
10.	Curre	nt Certificate of Health Inspection (if applicable)		Expiration Date:	
11.		ng lease signed by both school and building owner. If facility ned, proof of ownership.		Owned:	
12.	Schoo	l Catalog (highlight revisions)		Acceptable:	
		nt Enrollment Agreement (highlight revisions)		Acceptable: 🔲 Y 🔲 N	
14.	Samp	e Advertising Materials		Acceptable: 🔲 Y 🔲 N	
		s of ETPL entries (<u>www.njtopps.com</u>)		Acceptable: 🔲 Y 🔲 N	
16.	Comp	leted Enrollment Profile Form		Total Enrolled:	
17.	Proof	of Other Agency Approvals (if applicable)		Acceptable: 🔲 Y 🖵 N	
18.		n K – Program Renewal ed to <u>privatecareerschools@doe.nj.gov</u>)		Date DOE Approved:	
For	For DOL Use Only Date Received: Renewal Period:				
×					
		Specialist	1	Date Approved	