PRIVATE CAREER SCHOOL (PCS)
<u>ANNUAL REPORT</u>

Each private career school (PCS) is required to submit an annual report to the Training Evaluation Unit for the period of July 1 through June 30 of the preceding year. N.J.A.C. 12:41-3.2. The annual report shall be submitted no later than 30 calendar days after the close of the reporting period (July 30th).

Reporting Period: _____   Date Completed: _____

Name of PCS: _____

PCS Address: _____

_____

Mailing Address *(if different than above)*: _____

_____

PCS Telephone Number: _____

PCS Email Address: _____

Owner's Name: _____

Owner's Email Address: _____

Owner's Telephone Number: _____

Director's Name: _____

Director's Email Address: _____

Director's Telephone Number: _____

Student Transcripts *(in PDF format)**:   ☐ Emailed to trainingevaluationunit@dol.nj.gov

☐ DVD/CD/Flash Drive mailed to the:

Training Evaluation Unit
Annual Reporting
John Fitch Way, 5th Floor
PO Box 057
Trenton, NJ 08625-0057

* A *sample* transcript can be found on our website at https://www.nj.gov/labor/lwdhome/coei/teu.html.

NOTE: The annual reporting requirement necessitates all private career schools to be listed on New Jersey's Eligible Training Provider List (www.njtopps.com).

DEPARTMENT OF EDUCATION/LABOR & WORKFORCE DEVELOPMENT APPROVED PROGRAMS

(List all programs as approved on Section J forms. Attach additional copies of this sheet, as needed.)

Name of Program: _____

Tuition: _____ Test/Licensing/Inoculation Fees: _____

Total Cost per Student *(including all fees, supplies, etc.)*: _____

Private Pay Students: # Enrolled: _____   # Exited: _____

Funded Students: # Enrolled: _____   # Exited: _____

Name of Program: _____

Tuition: _____ Test/Licensing/Inoculation Fees: _____

Total Cost per Student *(including all fees, supplies, etc.)*: _____

Private Pay Students: # Enrolled: _____   # Exited: _____

Funded Students: # Enrolled: _____   # Exited: _____

Name of Program: _____

Tuition: _____ Test/Licensing/Inoculation Fees: _____

Total Cost per Student *(including all fees, supplies, etc.)*: _____

Private Pay Students: # Enrolled: _____   # Exited: _____

Funded Students: # Enrolled: _____   # Exited: _____

Name of Program: _____

Tuition: _____ Test/Licensing/Inoculation Fees: _____

Total Cost per Student *(including all fees, supplies, etc.)*: _____

Private Pay Students: # Enrolled: _____   # Exited: _____

Funded Students: # Enrolled: _____   # Exited: _____

Name of Program: _____

Tuition: _____ Test/Licensing/Inoculation Fees: _____

Total Cost per Student *(including all fees, supplies, etc.)*: _____

Private Pay Students: # Enrolled: _____   # Exited: _____

Funded Students: # Enrolled: _____   # Exited: _____