

PRIVATE CAREER COLLEGE REGISTRATION APPLICATION

Pursuant to Subsection 6(2) of the *Private Career Colleges Regulation Act*

Instructions for Applicant:

- 1) Application Fee \$3,000 (**one-time only**);
- 2) Print or type all responses;
- 3) Complete all appendices if required;
- 4) Use additional sheets of paper if required;
- 5) Attach all required forms and supporting documents to the application;
- 6) Ensure the application is signed and dated.

For Labour and Advanced Education Use ONLY:

Cheque/MO#: _____	
Amount: _____	Date: _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Reviewed By: _____	Date: _____
Data Entry By: _____	Date: _____

Applicant Information:

Name of Applicant: _____
(authority to bind the private career college)

Mailing Address: _____
(for applicant) (Street) (City/Province) (Postal Code)

Phone Number: _____ Fax Number: _____

Email: _____

College Information:

Name of College: _____

Name of Operator: _____
(Owner, Principal, etc: with authority to bind the private career college)

Mailing Address: _____
(for college) (Street) (City/Province) (Postal Code)

Site Address: _____
(for college) (Street) (City/Province) (Postal Code)

Phone Number: _____ Fax Number: _____

Email: _____

APPENDIX A

Please complete Appendix A for a list of applicants who have signing authority.

Business Classification:

Sole Proprietorship: Partnership: Corporation: Franchise:

Society: Other: _____

Joint Stock Registration #: _____
(<http://novascotia.ca/sns/access/business/registry-joint-stock-companies.asp>)

APPENDIX B

Please attach as Appendix B, a copy of the share register, if applicable.

Bond / Letter of Credit Information:

Bank / Financial Institution	Bond Number / Letter of Credit Number	Amount (\$)	Issue Date (yyyy/mm/dd)

Fiscal Year End: _____

Information on Premises (If not submitted separately since October 1, 2015)

Owned: Leased: From: _____

Drawn and measured floor plan of private career college: Attached

Drawn and measured site plan for any yards or exterior training sites: Attached

Occupancy Permit: YES NO

Fire Inspection: YES NO Date of Fire Inspection: _____
(Attach successful Fire Marshal's inspection report)

Health Inspection: YES NO N/A

Date of Health Inspection: _____
(Attach successful health/sanitation inspection report)

Application(s) Information:

Provide the contact information for each person in the business responsible for the college.

Name	Address	Phone Number	Business Relationship	Job Title at the College
			Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
			Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
			Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	

1) Has the private career college applicant ever been registered under the *Private Career Colleges Regulation Act* or any other Act that regulates occupational training?

YES NO **If YES, attach details.**

2) Is the applicant engaged, occupied, or employed directly or indirectly in any other business, occupation, or professions?

YES NO **If YES, attach details.**

3) Is there any other person or corporation whose name is not disclosed who has any financial interest in the private career college beneficially or who otherwise exercises control or direction over the college?

YES NO **If YES, attach details.**

Agent(s) Information:

Provide the contact information for each agent (recruiter):

Name	Address	Phone Number	Job Title at the College

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DECLARATION:

The Private Career College Registration Application must be signed and dated by the applicant.

Notice and Consent

As required by the Freedom of Information and Protection of Privacy Act

(<http://foipop.ns.ca/legislation>)

It is an offense to knowingly provide false information on this application and any attachments. The penalties are outlined in *Section 36* of the *Private Career Colleges Regulation Act*. All information provided in connection with the application is subject to verification and/or audit by the Labour and Advanced Education. As part of the verification procedure, the Manager of Private Career Colleges may check with other sources to obtain information relevant to this application. In order to complete or verify the information, it may be necessary for the Manager to collect additional information from agencies, sheriff's office, Registry of Joint Stock Companies, credit bureaus, trust companies, professional and industry associations, former and current employers, the provincial securities commissions, the Nova Scotia Department of Transportation, the Department of Consumer and Corporate Affairs of Canada and any other contact person or organization the Manager may require.

I consent to the collection of this information. I understand that this information will be used to determine whether I am or remain qualified for the registration for which I am applying. The public official who can answer questions about the information collection is the Manager of Private Career Colleges.

I hereby certify that all information contained in this application and in its attachments is correct, and I have verified the information contained in each instructor qualification form submitted for instructors and instructor assistants.

I hereby certify that I will comply with the requirements of the Training Completion Fund as prescribed in *Section 37* of the *General Regulations*. I understand there will be periodic audits of private career college files to ensure that all funds have been submitted. I understand that any failure to comply may result in suspension or cancellation of the college's *Certificate of Private Career Colleges Registration*.

I hereby certify that I am able to comply with the requirements for a private career college as prescribed in the *Private Career Colleges Regulation Act*.

I understand that information provided to the Labour and Advanced Education will be treated as confidential subject to the provisions of the *Freedom of Information and Protection of Private (FOIPOP) Act*. In signing this form I am formally requesting that the information contained in the business plan, financial statements (projected and historical), and curriculum be kept confidential pursuant to section 21 of the *Freedom of Information and Protection of Private (FOIPOP) Act*.

Name of Applicant: _____
(print)

Applicant's Signature: _____ Date: _____

Name of Operator: _____
(print)

Operator's Signature: _____ Date: _____

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APPENDIX A

Name of Applicants who have signing authority

In this section, please provide the name of the applicant who has signing authority for each of the following:

- Program Application(s)
- Instructor and Instructor Assistant Application(s)
- Short-Term Teacher Application(s)
- Student Contract(s)
- Training Completion Fund Report(s)
- Program Summary Report(s)
- Student Enrollment and Summary Report(s)
- Refund Report(s)

Application(s) and Report(s)

Name

_____	_____
_____	_____
_____	_____
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