



Commonwealth of Massachusetts
Division of Professional Licensure
 1000 Washington St, Suite 710 • Boston, MA 02118-6100
Board of State Examiners of Electricians

EDUCATION PROVIDER APPLICATION

This application is NOT applicable to daytime trade programs [Chapter 74] schools or MCE providers

Clearly Print/type information:

Representative/ Name of Applicant		Email address	
School/Association/Institution Name		Telephone number	
Address	City/Town	State	Zip
School/institution <input type="checkbox"/> Public vocational school <input type="checkbox"/> In-house company training program <input type="checkbox"/> Trade association <input type="checkbox"/> Labor training programs (Union or Non-Union) <input type="checkbox"/> College <input type="checkbox"/> Junior College <input type="checkbox"/> Other Institution	Course type (check all applicable): <input type="checkbox"/> Journeyman Electricians Program <input type="checkbox"/> Master Program <input type="checkbox"/> Systems Technician Program <input type="checkbox"/> Systems Contractor Program <input type="checkbox"/> Exam Preparation Course	Program type (check all applicable): <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Other (Explain) _____	

- Has there been an application submitted to the Office of Private Occupational School Education (OS)? Yes No
- Is the school/institution/association currently conducting courses/classes? Yes No Commencement Date? _____
- Have you previously been approved by this Board to conduct this program Yes No Last Approved? _____
- Is this application being submitted as an out-of-state school/Association/Institution provider? Yes No

Location(s) where said courses will be held: _____

(Use separate sheet if necessary)

- List other state(s) in which the institution is a recognized provider _____
- List all instructors/teachers employed for the purpose of conducting classes

Name	license Number and Type

Pursuant to 237 CMR 17.00 I hereby apply for approval from the Board of State Examiners of Electricians to offer courses and training to students in accordance with the requirements for examination pursuant to 237 CMR 13.00 This institution agrees to abide by all Board Regulations and attest that all statements made herein are accurate and true. This application is signed under the pains and penalties of perjury.

 Representative/applicant Signature

 Date



Guidelines

1. Application must be completed in full
2. This application may be submitted prior to Occupational Schools approval and licensing for programs that require Occupational Schools licensing but sign off by the Board will not given until the Occupational Schools license is granted.
3. Use the checklist attached as a guide through the documentation that the Board will be checking to ensure the program is in compliance.
4. Submit an application for each separate site location that is being proposed.

Education Provider checklist

Area For Board use		New Program <input type="checkbox"/> Renewal <input type="checkbox"/>	
<u>Provider Name:</u>		<u>Program Reviewed :</u>	
		Journeyman Electricians Program <input type="checkbox"/> Master Program <input type="checkbox"/> Systems Technician Program <input type="checkbox"/> Systems Contractor Program <input type="checkbox"/> Exam Preparation Course <input type="checkbox"/>	
<u>Code Cycle:</u>		<u>Date(s) of review:</u>	
<u>Disposition:</u>			
<u>Submittal:</u>			
Application <input type="checkbox"/> Surety bond <input type="checkbox"/> Refund policy <input type="checkbox"/> Course make up rules <input type="checkbox"/> Attendance policy <input type="checkbox"/> Code of conduct <input type="checkbox"/> Recordkeeping <input type="checkbox"/> Comment forms <input type="checkbox"/> Course schedule <input type="checkbox"/> OS license <input type="checkbox"/> Certificate Sample <input type="checkbox"/>		References <input type="checkbox"/> Syllabus <input type="checkbox"/> Lesson plans <input type="checkbox"/> Learning objectives <input type="checkbox"/> Handouts copies <input type="checkbox"/> Competency profiles <input type="checkbox"/>	
		Schedule compliance <input type="checkbox"/> Instructor names <input type="checkbox"/> Instructor qualifications <input type="checkbox"/>	
		Site locations <input type="checkbox"/>	

