Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street • Boston • Massachusetts • 02118

LICENSURE AFFIDAVITS

In compliance with Chapter 106 of the Acts of 2012, application is hereby made for initial application or renewal of a license to operate a private occupational school within the Commonwealth of Massachusetts. Please review the statements below and initial each attesting to your knowledge and understanding of same.

Initials	
	I understand that private occupational schools are governed by Chapter 106 of the Acts of 2012 and 603 CMR 3.00 and any amendments and modifications thereto.
	I understand that M.G.L. c. 119, § 51A requires educators and others who are paid to care for or work with children, to make a report immediately to the Department of Social Services (DSS) or to the person in charge of the school or institution if there is reasonable cause to believe a child under 18 is suffering physical or emotional injury as a result of abuse, including sexual abuse, or neglect. I understand our obligations under § 51A and the penalties for failure to comply. **(Note: All schools accepting students under the age of 18 are obligated to be mandatory reporters**.)
	I understand that M.G.L. c. Chapter 19C requires educators and others who are paid to care for or work with disabled adults, to make a report immediately to the Disabled Persons Protection Commission (DPPC) or to the person in charge of the school or institution if there is reasonable cause to believe a disabled adult, age 18-59 years, is suffering physical or emotional injury as a result of abuse, including sexual abuse, or neglect. I understand our obligations under 19C and the penalties for failure to comply. **(Note: Schools may never know that a student has a disability; therefore, all schools are obligated to be mandatory reporters.)**
	I understand that my curriculum and facilities must be in compliance with the 1992 Americans with Disabilities Act (ADA) that establishes certain rights for qualified individuals with disabilities. I understand our obligations under the ADA and the penalties for failure to comply.
	I understand that any changes to our enrollment agreement, curriculum, or program(s) of study, or any information submitted with the enclosed application must be submitted for approval to the Massachusetts Division of Professional Licensure's Office of Private Occupational Education at least **30 days prior** to intended implementation date, using the proper form(s) available on the DPL website.

Signed under the penalties of perjury.

_____ _____
Signature* Title Date

_____ _____
Print Name School

*This document must be signed by the owner, director, or authorized agent.