



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

<input type="checkbox"/> Approval <input type="checkbox"/> Denial Date: _____ DPL Staff Initials: _____
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INSTRUCTOR CERTIFICATION

Pursuant to G.L. c. 112, § 263, instructors at licensed private occupational schools must be approved by DPL before teaching classes. Approval requires satisfactory completion of this Instructor Certification by the school. Approvals are subject to revocation at any time, and expire on the school's license expiration date. Instructor approvals are not transferable between schools. A DPL-approved instructor may teach at any DPL-approved location operated by the licensed private occupational school making the certification.

Name of School: _____

Name of Instructor: _____

Proposed Date to Begin Instruction: _____

Type of Instructor Certification (check one):

- Original Certification (first certification for this instructor by this school)
- Renewal Certification (must accompany each school license renewal application)
- Additional Certification (list only new courses for an instructor already approved to teach other courses at this school; attach copy of most recent approval letter for instructor)

Attach the instructor's current resume or curriculum vitae, which must include the name, address, telephone, and email addresses of the instructor.

List below the courses that the school is certifying the instructor is qualified to teach. List each course name with the corresponding course number on a separate line. Attach additional pages if necessary, or use a DPL-approved course ID checklist.

Course ID	Course Name (as indicated on school's DPL-approved program/course form)

Attest to the following certifications by initialing each and signing below.

Initials	Certification
	<u>Due diligence:</u> The school conducted due diligence as to the instructor, which included obtaining a current resume or curriculum vitae, verifying education and work experience, contacting at least three references provided by the prospective instructor (at least one personal reference and one professional reference), and conducting a criminal history (CORI) check.



	<u>Licenses</u> : This instructor possesses the relevant professional license, if any, necessary to teach each listed course. If a license is required in order to teach a course, attach a computer printout of the license as evidence that it remains current and in good standing.
	<u>Accreditation requirements</u> : This instructor satisfies the instructor requirements of the school's accrediting agency or agencies, if any, for each of the listed courses.
	<u>Good moral character</u> : The school is satisfied, based on its due diligence, including the references and criminal background check referenced above, that this instructor is of good moral character.
	<u>Additional Requirements</u> : This instructor meets the Additional Requirements , if any, set forth for each subject area in effect as of the date of this Instructor Certification.
	<u>School certification</u> : The school certifies, based on the verified education, work experience, and other qualifications of this instructor, that he or she is qualified to teach each of the courses listed on this Instructor Certification.
	<u>Documentation</u> : The school has documented each of the foregoing initialed certifications and maintains those documents in an orderly and secured file specific to this instructor. (Provided however that any documents related to CORI are maintained in a manner consistent with 803 CMR 2.11 .) The school understands that this file must be maintained for at least six years after the last class taught by the instructor, and must be produced to DPL upon request.

The school represents that the information provided here is true and complete. The school understands that providing false information may result in discipline including license revocation and fines.

The undersigned states that the information provided in this certification is true and complete to the best of his or her knowledge, and that he or she is authorized to sign this Instructor Certification on behalf of the school.

Signature

Date

Printed Name: _____ **Title:** _____

Direct Email Address: _____ **Direct Phone Number:** _____

Mail this certification to:

MASSACHUSETTS DIVISION OF PROFESSIONAL LICENSURE
Office of Private Occupational School Education
1000 Washington Street, Suite 710, Boston, MA 02118-6100
website: www.mass.gov/dpl/schools