

Attachment 5. Initial License Application

Initial License Application Chapter 28C.10.050 and 070 RCW; WAC 490-105-070

School: _____ Location: _____

Physical Address

*Street Address 1:

Street Address 2:

*City:

*State:

*Zip Code:

This is a sample of the Initial Online application. Please contact Consumer Protection Staff for a logon and password, 360-709-4600.

Mailing Address (if different than physical)

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

*Telephone: () Fax: ()

School Email: Web Site:

Federal Tax Id (no dashes): *UBI Number (no dashes):

*Form of Ownership: Sole Proprietorship General Partnership Limited Partnership For-Profit Corporation Not-For-Profit Corporation Limited Liability Company

*This school is approved to train veterans: Yes No

This school is accredited by:

- Accrediting Bureau of Health Education Schools
- Accrediting Council for Continuing Education and Training Accrediting
- Commission of Career Schools and Colleges of Technology Accrediting
- Council for Independent Colleges and Schools
- Council on Occupational Education
- Accrediting Commission of the Distance Education and Training Council

Attachment 5. Initial License Application

- National Accrediting Commission of Cosmetology Arts & Sciences
- Montessori Accreditation Council for Teacher Education
- Commission on Massage Therapy Accreditation
- Northwest Commission on Colleges of the Northwest Association of Schools and Colleges
- Accreditation Review Committee for the Surgical Technologist
- Commission on Accreditation of Allied Health Education Programs
- Joint Review Committee on Education in Radiologic Technology
- Joint Review Committee on Educational programs for the EMT-paramedic
- National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine

*This school offers distance learning: Yes No

Attachment 5. Initial License Application

CURRENT EMPLOYEES

CHAPTER 28C.10.050 and 060 RCW; WAC 490-105-040 and 050

School: _____ Location: _____

Names of current employees:

No active Employees

Out-of-state schools must submit a \$120 annual fee for each sales agent.

Payee: Washington State Treasurer

School: _____ Location: _____

*First Name:	<input type="text"/>	*Last Name:	<input type="text"/>
*Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>
*City:	<input type="text"/>	*State:	<input type="text" value="WA - Washington"/>
*Zip Code:	<input type="text"/>		
*Home Telephone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>	*Start Date of Employment (mm/yyyy):	<input type="text"/>

*I will be employed as a(n):

- School Director
- Sales Agent
- Instructor
- Administrator
- Other Identify:

*Responsibilities (if instructor, subject area to be taught)

If you have a license or professional certificate related to the above instructional responsibilities, indicate the following:

Name of License/Certificate:

Issuing Agency Name and Address:

Prior Employment Section - List most recent first

*Previous Employer 1:

*Employer's Address:

*Employer's Phone Number: () -

Attachment 5. Initial License Application

***Your Title:**

***Employed From (mm/yyyy):** ***Employed To (mm/yyyy):**

Total Years: ***Average Hours per week:**

***Specific Duties:**

Previous Employer 2:

Employer's Address:

Employer's Phone Number: () -

Your Title:

Employed From (mm/yyyy): Employed To (mm/yyyy):

Total Years: Average Hours per week:

Specific Duties:

Previous Employer 3:

Employer's Address:

Employer's Phone Number: () -

Your Title:

Employed From (mm/yyyy): Employed To (mm/yyyy):

Total Years: Average Hours per week:

Specific Duties:

School: **Location:**

Are you a high school graduate or have you passed a general education development (GED) test?

Yes No

If no, highest grade completed:

Attachment 5. Initial License Application

Post high school training, including college, business school, military training, and other relevant education.

Training Record 1:

School Name:	<input type="text"/>		
Location:	<input type="text"/>		
Attended From (mm/yyyy):	<input type="text"/>	Attended To (mm/yyyy):	<input type="text"/>
Credits Earned:	<input type="text"/>		
Type of degree:	<input type="text"/>	Year Degree Received:	<input type="text"/>

Training Record 2:

School Name:	<input type="text"/>		
Location:	<input type="text"/>		
Attended From (mm/yyyy):	<input type="text"/>	Attended To (mm/yyyy):	<input type="text"/>
Credits Earned:	<input type="text"/>		
Type of degree:	<input type="text"/>	Year Degree Received:	<input type="text"/>

Training Record 3:

School Name:	<input type="text"/>		
Location:	<input type="text"/>		
Attended From (mm/yyyy):	<input type="text"/>	Attended To (mm/yyyy):	<input type="text"/>
Credits Earned:	<input type="text"/>		
Type of degree:	<input type="text"/>	Year Degree Received:	<input type="text"/>

School:

Location:

Have you been convicted of a misdemeanor or felony within the past seven (7) years that might unfavorably affect your fitness for this job? Yes No

If yes, explain:

Attachment 5. Initial License Application

Names of current Owners, Shareholders, Trustees, Members, Corporate Directors, Corporate Officers:

No Owners, Shareholders, Trustees, Members, Corporate Directors, Corporate Officers found.

Add

Owners, Shareholders, Trustees, Members, Corporate Directors, Corporate Officers.

School:

Location:

*Role: Owner Shareholder Trustee Member Corporate Director Corporate Agent

*First Name:

*Last Name:

*Title:

*Home Address Line1:

Home Address Line2:

*City:

*State:

*Zip Code:

Percent of Ownership:

*Home Telephone:

Percent of ownership is required for all persons owning 10% or more of the business.

Prior school affiliation, if any: (List most recent first)

Name of School:

Title:

Name of School:

Title:

Name of School:

Title:

Attachment 5. Initial License Application

Catalog/Brochure Checklist CHAPTER 28C.10.050, 060, and 110 RCW; WAC 490-105-040 and 130

School:	Location:
Catalog Year:	<input style="width: 100%;" type="text"/>
Volume Number:	<input style="width: 100%;" type="text"/>
Date of Publication (mm/dd/yyyy):	<input style="width: 100%;" type="text"/>

The catalog/brochure must contain the following items:	Page
Organizations that accredit the school or its programs (if applicable):	<input style="width: 100%;" type="text"/>
The following statement on either the first or last printed page or inside the front or back cover: This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to the: <div style="text-align: center; padding: 5px;"> Workforce Board, 128 - 10th Ave. SW, Box 43105, Olympia, Washington 98504 Web: wtb.wa.gov Phone: 360-709-4600 E-Mail Address: wtecb@wtb.wa.gov </div>	<input style="width: 100%;" type="text"/>
Academic calendar including hours of operation, holidays, enrollment periods, and beginning and ending dates of terms or program:	<input style="width: 100%;" type="text"/>
Names of owners w/ 10% or more equity ownership and officers including governing body, and administration:	<input style="width: 100%;" type="text"/>
Names, addresses, and telephone numbers of the school's administrative offices and all auxiliary facilities:	<input style="width: 100%;" type="text"/>
Names and qualifications of faculty:	<input style="width: 100%;" type="text"/>
Description of facilities and equipment used for training, the maximum or usual class size, and the average student/teacher ratio:	<input style="width: 100%;" type="text"/>
Ability to benefit policy/admissions standards:	<input style="width: 100%;" type="text"/>
Standards of progress including grading system, minimum grades considered satisfactory, probationary period, conditions for re-entrance for students dismissed for unsatisfactory progress:	<input style="width: 100%;" type="text"/>
The method used to report student grades:	<input style="width: 100%;" type="text"/>
The length of time student records are maintained (state law requires transcripts to be kept for 50 years) and the procedures students must follow to request copies:	<input style="width: 100%;" type="text"/>
School's policy relative to tardiness, absences, makeup work, and interruptions for unsatisfactory attendance:	<input style="width: 100%;" type="text"/>
School's policy regarding student conduct, including cause for dismissal and conditions for readmission:	<input style="width: 100%;" type="text"/>
Total cost of training including tuition, fees, deposits, and other charges necessary for a student to complete the program:	<input style="width: 100%;" type="text"/>
Financial Aid, if any:	<input style="width: 100%;" type="text"/>
Placement assistance, if any:	<input style="width: 100%;" type="text"/>
Refund policy in compliance with WAC 490-105-130:	<input style="width: 100%;" type="text"/>
Program description including program objective, number of clock or credit hours of instruction and method of instruction. If instruction is calculated in credit hours, the catalog must contain a statement describing the contact hour conversion formula applied by the school:	<input style="width: 100%;" type="text"/>
The sequence of the courses required to complete the programs of study:	<input style="width: 100%;" type="text"/>
A statement indicating the educational credential awarded upon completion of program:	<input style="width: 100%;" type="text"/>

Attachment 5. Initial License Application

Pro-Forma Financial Statement CHAPTER 28C.10.040, 050, and 060 RCW; WAC 490-105-040

School: _____ Location: _____

*Income statement for fiscal year ending (mm/dd/yyyy):

INCOME

(Whole dollars only)

* + Total annual tuition from students in non-degree programs:

- Tuition Refunds:

= TOTAL TUITION INCOME:

OTHER INCOME

+ Dormitory Income:

+ Bookstore Operations:

+ Interest Income:

+ Other Income:

+ Extraordinary and Unusual Income:

= TOTAL OTHER INCOME:

= TOTAL TUITION AND OTHER INCOME:

OPERATION EXPENSES

+ Instructional Salaries:

+ Instructional Expenses:

+ Student Recruitment:

+ Depreciation of Equipment:

+ Occupancy Expenses:

+ Administrative Salaries:

+ Officer Salaries:

+ Administrative Expenses:

+ Student Personnel Services:

= TOTAL OPERATION EXPENSE:

OTHER EXPENSES

+ Dormitory Expenses:

+ Bookstore Operations:

Attachment 5. Initial License Application

+ Interest Expense:		
+ Other Expense:		
+ Extraordinary and Unusual Expense:		
= TOTAL OTHER EXPENSE:		
= TOTAL OPERATION AND OTHER EXPENSES:		
NET INCOME (LOSS) BEFORE INCOME TAXES:		
Federal and State Income Taxes:		
NET INCOME (LOSS) AFTER TAXES:		

WAC 490-105-040(2)(e) allows the owning entity of multiple schools to file financial information that consists of a consolidated financial statement and balance sheet for the corporate entity. It must be accompanied by data that documents total tuition earnings for each licensee at the close of its most recent fiscal year of operation, or lacking historic data, projects total tuition earnings for its first 12 months of operation. This form must be used to file for a license under common ownership.

MANAGEMENT’S STATEMENT ON THE FISCAL POSITION OF THE SCHOOL

Provide an explanation of any unusual item on the financial statements, e.g., low liquidity position, excessive receivables, large debt, proportionately low equity position, and unusual operating data. Identification of any such items should be followed by the rationale for their existence and plans to alleviate any shortfall.

Attachment 5. Initial License Application

PROGRAMS

School:

Location:

Active Program List:

No Programs Exist

Add a Program

Program Information

CHAPTER 28C.10.050 RCW; WAC 490-105-040

School:

Location:

*Program Name:

Clock hours of instruction (xxxx.xx):
Required for all schools except distance learning

Credit hours of instruction (xxx.xx):

Number of Lessons:
Required for distance learning schools

*Catalog Pages:

*Indicate the type of educational credential
that is awarded upon successful completion:

Certificate

Diploma

*Specific Program Objective:

*Proposed program start date (mm/dd/yyyy):

*Proposed class schedule (i.e. 2-4p, Mon thru
Thurs):

*Method of Instruction (e.g., classroom, lab,
computer assisted):

*Average length of time required for
successful completion:

*Outline the training/instructional aids and facilities:

Attachment 5. Initial License Application

Auxiliary Facility Application

School: _____ Location: _____

Please complete this form if you have an auxiliary facility.

Reason/Description for Form	Form Title
Complete this form if your school is adding an auxiliary site.	

AUXILIARY FACILITY APPLICATION CHAPTER 28C.10.050 and 060 RCW; WAC 190-105-0406

School: _____ Location: _____

\$25 issuance fee for a certificate must be submitted with this form [WAC 490-105-070(2)].
Payee: Washington State Treasurer

Check One: *Initial Application *Extension of existing auxiliary site authorization

An auxiliary facility is an additional physical site operated by a licensed entity for one of the following purposes:

*Check one of the following:

- To absorb a temporary overload that the licensed facility cannot accommodate.
- To provide a single, specialized kind of training activity, generally on a short-term basis, under circumstances that cannot readily be accommodated at the licensed facility.
- To provide training under contract with a public agency, private company, or other sponsor. A facility being established exclusively to provide contracted training may apply for exemption.

The authorization term for an auxiliary facility cannot exceed the time stated on the school's license. Application for extension of an auxiliary authorization must be made annually at the time of license renewal.

Auxiliary Facility Site in Washington State

*Street Address 1:	<input type="text"/>	Street Address 2:	<input type="text"/>
*City:	<input type="text"/>	*State:	<input type="text" value="WA - Washington"/>
*Zip Code:	<input type="text"/>		
Telephone:	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Fax:	(<input type="text"/>) <input type="text"/> - <input type="text"/>
*On-Site Administrat	<input type="text"/>	*Last Name:	<input type="text"/>

Attachment 5. Initial License Application

or

First Name:

Briefly describe the activity to be conducted on this site:

*Date activity is planned to begin (mm/dd/yyyy):

Date activity is planned to terminate
(if different than the license expiration date, mm/dd/yyyy):

Submission to WTECB

School:

Location:

I attest that I am the authorized representative of the above named school and that I am submitting this application for approval by the Workforce Training and Education Coordinating Board in that capacity. I have reviewed and become familiar with the Private Vocational School Act, RCW 28C.10 and with Washington's Administrative Code, Chapter 490-105.

I have reviewed the minimum standards for licensure, and understand that this application will not be considered if it is incomplete. I understand that a future site visit may be required. I further understand that once licensed, any modification(s) to the application must be reported to the Workforce Training and Education Coordinating Board prior to implementation.

I certify, under penalty of perjury that the submitted information is true and accurate.

*Signature:

Final Submission

Please Note: By clicking next, the application is submitted. If you wish to revise the application once submitted, please contact staff, 360- 709-4600.

Attachment 5. Initial License Application

Thank you for submitting your License Application to the Workforce Board:

To complete the application process, please deliver or mail the following items to the Workforce Board, 128 - 10th Avenue SW, Olympia, WA 98501-1203.

Call 360-709-4600 with questions.

1. A [business plan](#), containing, at a minimum, descriptions of:
 - a. the school and its management and operations.
 - b. capitol equipment and supplies.
 - c. market and competitive analyses.
 - d. advertising and sales strategies.
 - e. loan information and credit line (if applicable.)
 - f. breakeven analysis.
2. A description of the each proposed educational program including:
 - a. title, objective, and outline showing course sequence.
 - b. number of clock or credit hours of instruction and how this is figured.
 - c. method of instruction, e.g. distance learning, lecture, lab, computer-assisted.
 - d. training/instructional aids and facilities, including pictures of building/space.
 - e. the type of completion document, e.g. certificate or diploma.
 - f. maximum number of students per class.
 - g. charges including tuition, registration fee, books, supplies, lab fees, etc.
 - h. primary occupations for students completing the program(s).
3. For new schools that have operated a business in the past year, a financial statement covering the most recently completed fiscal year of operation.
4. A recent [credit report](#) from Equifax, Experian, Trans Union, or other credit rating firm recognized by the United States Department of Commerce.
5. A copy of the "Ability-to-Benefit" test the school will use if it accepts students without a high school diploma or GED. (Develop your own test or use a [standard test](#) recognized by the U.S. Dept of Education.)
6. License Fee and Tuition Recovery Trust Fund Fee payable to the Washington State Treasurer. (See the [Fee Schedule](#) to calculate these fees.)
7. Auxiliary facility and sales agent fees, if applicable.
8. Copies of the school's draft Catalog and Enrollment Agreement with the Debt Acknowledgement Notice. (Click [here](#) to see an enrollment agreement checklist, sample enrollment agreement, and debt acknowledgment template.)
9. Three signed "[Bank and Other Major Credit Reference](#)" forms, listing three different credit references, one of which must be a financial institution.
10. A [Sample Transcript](#) and [Sample Registration Form](#)
11. For schools offering distance learning, a [Distance Learning Application](#) and a contract addendum describing the [refund policy](#) for distance learners.
12. Copies of other state licenses or other documentation verifying the applicant school is legally authorized to conduct business as a private vocational school if the school's physical location is not Washington.