

Attachment #3 Initial License Checklist

INITIAL LICENSE CHECKLIST

Please submit this checklist including the supporting materials in order, including your licensing fees and Tuition Recovery Trust Fund deposit. Application processing generally takes about 30 – 60 days from the day a complete, correct package and online application is received.

School Name: _____

Business

Item A: Business Plan

A business plan including:

- | | |
|--------------------------------------|---|
| 1. School description with photos | 5. Market and competitive analysis |
| 2. Management and operations | 6. Loan information/credit line (if applicable) |
| 3. Marketing and sales strategies | 7. Balance sheet |
| 4. Capital equipment and supply list | 8. Breakeven analysis |

Item B: Out-of-state schools only: Copies of license or other documentation showing that the applicant school is legally authorized to conduct business as a private vocational school in the state in which it is located.

Item C: Joint Jurisdiction, attachment 14

Item D: Online Application, attachment 4 & 5

- Make sure you designate a school director
- Enter your program information, including hours, it should match your catalog.
- The Proforma financial is an estimation of the gross tuition revenue you plan to earn the first year.

Programs

Item E: Program Description

Please ensure your program elements are disclosed in the catalog. Those elements include:

1. Program title and specific program objective
2. Program outline showing the sequence of courses required to achieve the program objective
3. Number of clock or credit hours of instruction and how this is figured
4. Method(s) of instruction, e.g., distance learning, classroom lecture, lab, computer assisted
5. Training/instructional aids and facilities, including a sketch of the floor plan
6. Type of completion document, e.g., certificate, diploma

Provide an approval letter from the agency (joint jurisdiction) that has curriculum approval, if applicable for your type of program, i.e. Certified Nursing Assistant, Commercial Truck Driver).

Catalog

Item F: Draft catalog or brochure and checklist, attachment 7*

Please ensure your catalog meets the minimum requirements on the catalog checklist.

Item G: "Ability-to-benefit" test if school accepts students without a high school diploma or a GED.

Enrollment Agreement/Contract

Item H: Draft enrollment agreement (contract) and checklist, attachment 8

Attachment #3 Initial License Checklist

Financials

- Item I: Financial Statement**
For new schools that have operated another business during the past year, a financial statement for that business. The financial statement must cover the most recently completed fiscal year of operation or if you haven't operated another business, provide a personal tax return for the most current year.
- Item J: Scored Credit Report**
A recent scored credit report from Equifax, Experian, Trans Union, or other credit rating firm recognized by the United States Department of Commerce.
- Item K: Credit References (total of 3),** attachment 6
Three Financial Reference forms (one must be your bank). *(The Workforce Board will send these out for your references to complete.)*
- Item L: Apply for a State Wide Vendor Number,** attachment 12 Each school doing business with the State of Washington should register for a SWV number to facilitate refunds or potential payments from all state agencies. This request can also be completed online. <https://des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state>
- Item M: Apply for or provide a Dun and Bradstreet Number** DNB.com or 1-800-605-8106
- Item N: Provide a copy of your business license,** will be required each year with renewal
- Item O: Provide Evidence of Liability Insurance,** will be required each year with renewal
- Item P: Provide a copy of your lease**
- Item Q: License fee and Tuition Recovery Trust Fund,** attachment 13. Make checks payable to the Washington State Treasurer. (Separate checks preferable) and sent to Workforce Board, PO Box 43105, Olympia, WA 98504-3105

Student

- Item R: Student Data Collection Form,** attachment 10*
- Item S: Student transcript,** attachment 11*
- Item T: Auxiliary Registration**
Please ensure your auxiliary locations are entered in the online application if applicable.
- Item U: Site Visit**
This may also be conducted by another agency with joint jurisdiction.

*Sample provided