

<b>New York State Education Department Bureau of Proprietary School Supervision</b>	<b>Application for Candidate School Status in New York State</b> BPSS-1A (12/12)
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<b><i>Applicant Instructions</i></b>  ♦ Please TYPE all information.  ♦ Enclose <u>non-refundable, non-transferable</u> \$5,000 check or money order with each application made payable to The New York State Education Department. <b>DO NOT SEND CASH.</b> A fee will be charged for all checks returned by the bank.	<b>For Office Use Only</b>  School ID/ Lic. Number <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  SED CODE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																							

<b>MAIL TO:</b> The State Education Department Bureau of Fiscal Management P.O. Box 7346 Albany, NY 12224	
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**NOTE: A school which has applied for a private career school license may request candidacy status for one time only. Candidacy status shall not be issued to schools offering programs to train students to pass licensure examinations such as appearance enhancement tests, achieve nurse aide or nurse assistant certification, or pass examinations leading to licensure in any other profession or occupation determined by the commissioner to require full licensure status. Candidacy status shall allow a school to operate unlicensed for an initial period of twelve months during the licensure application process, which may be extended to a maximum, non-renewable period of eighteen months, under the following conditions**

<b>1. Check One:</b>  <input type="checkbox"/> Private Career School Application Attached	<input type="checkbox"/> Private Career School Application filed previously (indicate date of filing):	<b>2. Federal ID Number</b>  <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																				

<b>3. School Name</b>
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<b>4. School Address</b> <i>Street Address:</i>
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<table style="width:100%;"> <tr> <td style="width:33%; text-align: center;"><i>City</i></td> <td style="width:33%; text-align: center;"><i>State</i></td> <td style="width:33%; text-align: center;"><i>Zip</i></td> </tr> </table>	<i>City</i>	<i>State</i>	<i>Zip</i>	<b>5. Is School Handicapped Accessible?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no
<i>City</i>	<i>State</i>	<i>Zip</i>		

<b>6. Phone:</b> (    )	<b>7. E-mail Address</b>
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	<b>Received</b> <i>(Office Use Only)</i>
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<b>8. Director Name:</b>				
<b>9. Director's Home Address</b> <i>Street Address</i>				
<i>City</i>			<b>9. Telephone</b> ( )	
<i>State</i>		<i>Zip</i>		<b>10. E-mail Address</b>
<b>11. Type of Ownership of School (check one)</b>				
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Not For Profit Corporation	
<b>12. Name of Owner or Corporation</b>			<b>13. Date of Birth (sole proprietor only)</b>	
<b>15. Owner/ Corporate Address</b> <i>Street Address</i>				
<i>City</i>			<i>State</i>	
		<i>Zip</i>		
<b>7. Owner/ Corporate Agent/ President Name:</b>				
<b>8. Home Address</b> <i>Street Address</i>				
<i>City</i>			<b>9. Telephone</b> ( )	
<i>State</i>		<i>Zip</i>		<b>10. E-mail Address</b>

I hereby acknowledge the following:

1. the school shall not represent that it is licensed or that its programs are approved through the department
2. to every prospective student, the school shall disseminate a statement, provided by the department, that the facilities, instructors, and programs being provided have not been approved and are not under the department's jurisdiction during the candidacy period. Such statement shall indicate that students attending candidate schools shall have no recourse through the department's student complaint process nor have any restitution available from the tuition reimbursement account;
3. Students shall sign an attestation to the receipt of this statement. The school shall retain the signed attestation and provide the student with a copy of such signed statement;
4. the school shall demonstrate financial viability through means deemed appropriate by the commissioner. Such means may include submitting an audited financial statement based on the most recently completed fiscal year; securing and maintaining a performance bond, payable to the commissioner, in an amount appropriate to eliminate any liability to the tuition reimbursement account in the event the school ceases operation; limiting the collection of tuition funds until each student completes the program of study; or other means acceptable to the commissioner; and
5. any breach of the above conditions shall result in the disapproval of the school's licensure application and the forfeiture of candidate status. Continued operation after this disapproval shall subject the school to the disciplinary action prescribed under paragraph b of subdivision six of section five thousand three of this article.
6. this candidate school status is only issued to the name of the school, address, and ownership listed upon this application. Any change to those components will void the candidate status issued.

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Signature of Owner/ President, Title

Date

I hereby acknowledge my awareness that, on or before the end of the initial twelve-month period of candidacy status, the Bureau shall review the school's application for licensure and documentation relating to the school's candidacy status and shall determine whether such candidacy status should be extended to the full eighteen months and whether the school may continue to enroll students beyond the eighteen-month period or the school's application for licensure will be initially disapproved for failure to meet required standards

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Signature of Owner/ President, Title

Date

**Affidavit**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ ss

\_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says (s)he is

the owner or part owner of the proposed \_\_\_\_\_  
school and candidate school; that this report has been prepared in accordance with instructions of the New York  
State Education Department and that the statements contained herein are true to the best of the signatory's  
knowledge.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
Notary Public