



**APPLICATION FOR REGISTRATION OF PRIVATE TRAINING INSTITUTION
(PTI – 1)**

Pursuant to the *Private Training Institutions Act and Regulations*

Instructions to Applicants:

- Print or type all responses
- A separate application is required for each permanent PTI campus
- Use additional pages if required
- **Attach a certified cheque or money order to this application in the amount of \$2,000, made payable to The Newfoundland Exchequer Account**
- Attach all required forms and supporting documents to the last page of this application
- Application must be signed and returned to:

Manager, Private Training Institutions
Division of Literacy and Institutional Services
Department of Education
P. O. Box 8700, St. John's, NL, A1B 4J6
Telephone: (709) 729-3102
E-mail: PTI@gov.nl.ca

SECTION 1: General Private Training Institution Information

A. Personal Data:

Applicant's Name: _____

Mailing Address: _____

Postal Code Telephone E-mail Fax

B. Institution Information:

Name of Institution: _____

Name of Primary Contact for Institution: _____

Primary Contact Title: _____

Institution Site Address: _____

Postal Code Telephone E-mail Fax

Website Address: _____

C. Business Classification:

Name of Registered Company: _____

- Sole Proprietorship
 Partnership
 Corporation
 Franchise
 Other: _____

D. Security Information:

Security Company	Irrevocable Letter of Credit / Bond #	Amount	Date of Issue (yy/mm/dd)
		\$	

SECTION 2: Information on Applicant(s)/Agent(s)

A. Applicant Information:

- Provide the contact information for each person in the sole proprietorship/partnership/corporation/or franchise, and position/responsibility in the Private Training Institution.

Name	Address and Contact Telephone Number	Business Relationship	Position in Institution (Responsibility)
		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	

- Has the PTI Applicant ever been registered under this or any other Act that regulates private training? (If YES, attach details)? YES NO
- Is the applicant engaged, occupied, or employed directly or indirectly in any other business, occupation, or profession? (If YES, attach details)? YES NO
- Is there any other person or corporation whose name is not disclosed? YES NO
- If non-resident, provide for each agent to be registered: Name; Address and Contact Telephone Number, and Position/Responsibility in the PTI (attach additional sheets if necessary)

B. Signing Authorities/Agents

- Provide the names of individuals responsible for the operational aspects within the Private Training Institution. Where necessary, record additional agents and their responsibility on a separate page.

Should there be changes to agents and/or their responsibilities within the registration year, the Department must be notified in writing within 5 days after the change.

Agents to be registered for Operational Aspects	
<input type="checkbox"/> Re-registration documentation	<input type="checkbox"/> Student Contracts
<input type="checkbox"/> Bond/Letter of Credit	<input type="checkbox"/> Student Records (Academic)
<input type="checkbox"/> Audited Financial Statement	<input type="checkbox"/> Student Records (Financial)
<input type="checkbox"/> New Program Applications	<input type="checkbox"/> Student Refunds
<input type="checkbox"/> Changes to existing registered programs	<input type="checkbox"/> Student Complaints
<input type="checkbox"/> Instructor Approval Applications	<input type="checkbox"/> Advertising/Marketing/Website
<input type="checkbox"/> Instructor Records	<input type="checkbox"/> Other (please specify)

SECTION 3: Program Information

- List all programs to be registered with the Department. Specific program details must be provided for each program. Two (2) *Needs Assessment and Market Analysis Questionnaires* and one (1) *Curriculum Evaluation Questionnaire* are required to be completed for each program. Attach additional pages if required.

Program Title	Program Duration in Weeks		Tuition	Books	Supplies	Other (Specify)
	Classroom	Work Term				
1						
2						
3						
4						
5						
6						
7						
8						

- As a result of the instruction, are there any products or services produced for which the PTI receives remuneration? (If YES, provide full details). YES NO

- List all instructors and demonstrators to be registered with the Department. Detailed resume, copies of credentials and a letter requesting courses to be taught must be provided for each instructor/demonstrator. Attach additional sheets if required.

Name	Instructor	Demonstrator	Courses(s) to be taught
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 4: Information on Premises

- Premises are: Owned Leased (from: _____)
- Description of training facility, including classrooms and study areas, and the extent to which facilities and programs are accessible to persons with special needs. A detailed floor plan is required to be submitted.

- Maximum student capacity for the PTI? (As per Fire Inspection Certification) _____
- Square footage: _____
- Inventory of equipment used (or to be used) for the delivery of the program(s) in the PTI. Attach additional pages if required.

Item	Owned	Leased	Quantity
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	

- Fire Inspection Certificate of Approval attached YES NO
Date of inspection: _____
- Health Inspection Certificate attached YES NO
Date of inspection: _____
- Municipal Occupancy Permit attached YES NO
Date of inspection: _____

SECTION 6: Declaration

The application for Private Training Institutions Registration must be signed by the applicant.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION AND IN ITS ATTACHMENTS IS CORRECT AND THAT I HAVE VERIFIED THE INFORMATION SUBMITTED FOR INSTRUCTORS AND DEMONSTRATORS.

I HEREBY CERTIFY THAT I AM ABLE TO COMPLY WITH THE REQUIREMENTS FOR A PRIVATE TRAINING INSTITUTION AS PRESCRIBED IN THE *PRIVATE TRAINING INSTITUTIONS ACT AND REGULATIONS*.

I UNDERSTAND THAT INFORMATION PROVIDED TO THE DEPARTMENT WILL BE TREATED AS CONFIDENTIAL SUBJECT TO THE PROVISIONS OF THE FREEDOM OF INFORMATION ACT.

Name of Applicant: _____

Applicant Title: _____

Signature of Applicant: _____

Date of Application: _____