

WYOMING DEPARTMENT OF EDUCATION

Jillian Balow, Superintendent of Public Instruction
Hathaway Building, 2nd Floor, 2300 Capitol Avenue
Cheyenne WY 82002-0050



**RENEWAL REGISTRATION APPLICATION FOR
CHAPTER 1 NON-DEGREE GRANTING PROPRIETARY SCHOOL**

CHECKLIST:	
\$10,000 Original Performance Bond OR Irrevocable Standby Letter of Credit with valid dates of July 1 – June 30 of the registration year	
\$200.00 License Fee	
Registered Agent fee - \$100.00 (per agent)	
CHAPTER 18 FORMS:	
PSL Form 610 B – Non-degree granting renewal application	
PSL Form 15 – Agent Application	
PSL Form 14 – Personnel information (All new owners, staff, and instructors who were not reported in previous years)	
PSL Form 28 – Advertising Policy	
PSL Form 18 – Licensing History Disclosure	
ADDITIONAL DOCUMENTATION:	
Alphabetical list of administrators and faculty by: a.) New staff b.) Current staff who were previously reported on last application c.) Staff who were reported on previous application but are no longer employed	
Enrollment Contract including Tuition Fees and Refund Policy	
Updated Course Outlines: a.) New courses not previously reported on last application b.) Courses reported on previous application but are not longer valid	
Current financial statement	

Office Use Only:

License Number:	_____
Date Approved:	_____
Application Fee:	_____
Agents:	_____

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**WYOMING DEPARTMENT OF EDUCATION
CHAPTER 1
NON-DEGREE GRANTING PROPRIETARY SCHOOL**

Name of Institution:	Contact Name:
Telephone Number:	Fax Number:
Mailing Address	Physical Address (if different)
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Email:	Website:
Registration Period: July 1, _____ through June 30, _____	
Does an accreditation body approved by the United States Department of Education accredit the above institution? Yes No <i>If yes, please provide a copy of the accreditation certificate.</i>	

Institution assures that this school is in compliance with local, city, and county ordinances, and state laws relating to the health and safety of all persons upon the premises and complies with all requirements of "Wyoming Private School Licensing Rules and Regulations".

The enclosed information is true and correct to the best of my knowledge.

Chief Administrator Name

Title

Chief Administrator Signature

Date

**WYOMING DEPARTMENT OF
EDUCATION CHAPTER 1
APPLICATION TO LICENSE AGENTS**

Name of Institution:	
Registration Period:	July 1, _____ through June 30, _____

Pursuant to Wyo. Stat. 21-2-403, I hereby apply for a Registered Agent's License that entitles me to solicit business for the above referenced institution within the State of Wyoming in accordance with Wyo. Stat. 21-2-401 through 407. I pledge to serve in this capacity within the spirit and letter of the law.

Registered Agent Name (_____) _____
Area Code Phone Number

Street Address

City State Zip

Registered Agent Signature Date

I have carefully reviewed the qualifications and the personal data of the above applicant and believe that he/she will perform as pledged above. I request that he/she be issued a permit to solicit business for our school in the State of Wyoming.

Chief Administrator Name

Chief Administrator Signature

Office Use Only:

License Number:	_____
Date Approved:	_____
Application Fee:	_____

**WYOMING DEPARTMENT OF
EDUCATION CHAPTER 1
PERSONNEL INFORMATION**

Name of Institution:		
Position held <i>(check more than one if appropriate)</i> :		
Chief Administrator	School Director	Licensed Agent
Instructor	Other (please specify):	
Personal Information:		
Name:		Address:
City/Zip/State		Phone Number:
Formal Education:		
Name of Schools or Colleges:	Date Last Attended:	Degree Earned:
Name of Schools or Colleges:	Date Last Attended:	Degree Earned:
Name of Schools or Colleges:	Date Last Attended:	Degree Earned:
Work Experience:		
Employer - Address:	Position Held:	Dates (From-To):
Employer - Address:	Position Held:	Dates (From-To):
Employer - Address:	Position Held:	Dates (From-To):

I HAVE HAVE NOT been dismissed from any position for immoral or unprofessional conduct or had a license or permit revoked or suspended for similar reasons.

The above information is true and correct to the best of my knowledge and belief.

Employee Name

Date

Employee Signature

I verify that this employee meets the necessary qualifications for the position he/she holds.

Chief Administrator Name

Date

Chief Administrator Signature

**WYOMING DEPARTMENT OF
EDUCATION CHAPTER 1
ADVERTISING POLICY**

Name of Institution:

Address:

If the institution chooses to advertise that they are licensed by the Wyoming Department of Education, the student must sign the following statement: "I understand that (Name of Institution) is licensed by the Wyoming Department of Education in accordance with W.S. 21-2-401 through 21-2-407 and that neither the Department of Education nor the Wyoming State Board of Education has accredited or endorsed any course of study being offered by (Name of Institution)."

Signature on this document assures that the named institution will abide by this policy, W.S. 21-2-401 through 21-2-407, and Chapter 1 Rules and Regulations.

Chief Administrator Name

Date

Chief Administrator Signature

**WYOMING DEPARTMENT OF
EDUCATION CHAPTER 1
LICENSING DISCLOSURE**

Name of Institution:		
<i>Pursuant to Wyoming Statute §21-2-401 and the Wyoming Department of Education, the institution must disclose whether its license has been revoked, suspended, denied, or has not been renewed by the licensing jurisdiction of another state. If such action has been taken against the institution, a detailed explanation of the reasons for the action must be included with this application. Additionally, any and all documents relating to any subsequent judicial or administrative proceedings must be submitted.</i>		
1. Have any of the institution's employees (including: applicant, co-owners, management, marketing and/or other operational personnel) ever had their license revoked, suspended, denied or not renewed in this state or another state?		
NO YES		
If yes, please explain:		
Action:	Date:	Jurisdiction:
2. Has the applicant/licensee had past or current material misrepresentation or omission in any information submitted to the Department of Education or failed to report any change in information in a timely manner?		
NO YES		
If yes, please explain:		
Action:	Date:	Jurisdiction:

I have carefully reviewed W.S. §§21-2-401 through 21-2-407 and Chapter 1 Rules and Regulations. The above information is true and correct to the best of my knowledge and belief.

Chief Administrator Name

Title

Chief Administrator Signature

Date