



## APPLICATION FOR RENEWAL OF PRIVATE TRAINING INSTITUTION REGISTRATION (PTI – 5)

Pursuant to the *Private Training Institutions Act and Regulations*

**Privacy Notice:** The information collected on this form is collected under the authority of Section 61(c) of the Access to Information and Protection of Privacy Act, 2015 (ATIPP, 2015) and is used for the purposes of administration of Private Training Institutions as well as for statistical and research purposes. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education and Early Childhood Development at 709-729-6281.

### Instructions to Applicants:

- Print or type all responses.
- A separate application is required for each Private Training Institution campus.
- Use additional sheets of paper if required.
- **Attach a certified cheque or money order to this application, made payable to the Newfoundland Exchequer Account, in the amount required for the fees identified in section 4 of this application.**
- Attach all required forms and supporting documents to the last page of this application.
- Should you have any questions regarding the completion of your application, please contact the Manager of Private Training or the Program Development Specialist assigned to your institution.
- Application forms and supporting documentation, including cheques/fee payment, must be signed and returned, no later than December 31 of the current calendar year, to:

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

### SECTION 1: General Private Training Institution Information

#### A. Institution/Applicant Information:

Name of Institution: \_\_\_\_\_

Name of Primary Contact for Institution/Campus: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Institution/Campus Mailing Address: \_\_\_\_\_

Postal Code	Telephone	E-mail	Fax
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## B. Signing Authorities/Agents Registration

- 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 sheet.

*Should there be changes to agents and/or their responsibilities within the registration year, the Department must be notified in writing, with an updated Signing Authorities table submitted which reflects changes in staff responsibilities.*

<b>Agents to be Registered for Operational Aspects</b>	
<input type="checkbox"/> <b>Registration Renewal Documentation</b>	<input type="checkbox"/> <b>Student Contracts</b>
<input type="checkbox"/> <b>Bond/Letter of Credit</b>	<input type="checkbox"/> <b>Student Records (Academic)</b>
<input type="checkbox"/> <b>Audited Financial Statement</b>	<input type="checkbox"/> <b>Student Records (Financial)</b>
<input type="checkbox"/> <b>New Program Applications</b>	<input type="checkbox"/> <b>Student Refunds</b>
<input type="checkbox"/> <b>Changes to Existing Registered Programs</b>	<input type="checkbox"/> <b>Student Complaints</b>
<input type="checkbox"/> <b>Instructor Approval Applications</b>	<input type="checkbox"/> <b>Advertising/Marketing/Website</b>
<input type="checkbox"/> <b>Instructor Records</b>	<input type="checkbox"/> <b>Student Handbook/Policies</b>
<input type="checkbox"/> <b>Other (please specify)</b>	

## SECTION 2: Program Information

### A. Graduation/Enrolment Data:

- For **each** program registered between January 1 to December 31 of the year preceding this application for registration renewal, please list and provide the following details (attach additional sheets if necessary):
  - Registered programs (active and inactive)** to be maintained for the coming year;
  - Number of students **graduated/completed training** between January 1 and December 31;
  - Number of students **withdrawn or terminated** between January 1 and December 31; and,
  - Number of students **currently** enrolled (those who were registered between January 1 and December 31 and will continue on into this registration year)
  - Where an institution offers advanced level training for Apprenticeship programs, enrolment/completion numbers for these levels are required to be reported below.

Registered Program Name	Program Status (Active or Inactive)	Maintain Registration		# Students Graduated/ Completed Training (A)	# Students Withdrawn/ Terminated (B)	# Students Currently Enrolled (C)
		YES	NO			
<b>TOTAL NUMBERS</b>						
<b>TOTAL ANNUAL STUDENT ENROLMENT (A+B+C)</b>						

## B. Tuition Revenue

- Provide the following information related to collected tuition revenue for the period January 1 to December 31 of the year preceding this application for registration renewal. Line G (Net Tuition Revenue) is used to determine the Security amount required for your institution for the current registration year.
  - Please ensure that the sum total of all Tuition Refund Amounts identified in line 5 of the 'Fee Settlement Particulars' section of the student Contract Termination Report (PTI-4) forms, and submitted during the previous calendar year, is recorded in Line F ('Amount of Tuition Refunded') below.
  - Where there are discrepancies between the PTI-4 Tuition Refund Amounts and the Amount of Tuition Refunded reported below, these should be corrected before submission of your application. Additionally, where there are outstanding student Contract Termination Report forms not previously submitted, please include these with your application.

Reference Year: January 1 to December 31, \_\_\_\_\_

<b>E</b>	Gross Tuition Revenue Collected from all Funding Sources	\$
<b>F</b>	Amount of Tuition Refunded	\$
<b>G</b>	Net Tuition Revenue Collected from all Funding Sources (E - F)	\$

## SECTION 3: Security Information

The *Regulations* require all institutions to hold Security, in the form of a surety bond and/or irrevocable letter of credit, prior to approval and registration. PTIs shall obtain security in the minimum amount of \$50,000, up to a maximum of \$150,000, calculated at 15% of the previous year's Net Tuition Revenue.

- Provide information related to the Security in place for your institution, **including a copy of the continuation certificate, or other written evidence (i.e., email) from your financial institution indicating that the security is current**.
  - Where changes are required to the amount of the security, based on the Net Tuition Revenue reported in section 2(B) above, an amendment by the financial institution **must** be submitted with your application for renewal. This applies to all required **increases** to Security amount.
  - Where a decrease to the security amount is calculated, PTIs may choose to retain the current Security amount rather than submit an amendment.

Security Type	Financial Institution and Security Identification Number/Code <i>e.g. ABC Bank, Bond #1234567</i>	Current Amount	New Amount (if applicable)	Changes Required (Y/N)
<input type="checkbox"/> Bond				
<input type="checkbox"/> Letter of Credit				

## **SECTION 4: Instructional Staff Information**

- List the names of all instructors/demonstrators for whom you wish to remain registered in the coming year (attach additional sheets if necessary):

## SECTION 5: Registration Renewal Fees

- Identify the registration renewal fees due with your application, along with any other outstanding fees required to be paid for the period January 1 – December 31. Please note that all fees are required to be paid in full before any processing of registration renewal documents can be finalized and your certificate issued.
- Also note that, where an institution offers advanced level training for Apprenticeship programs, no program registration fee is required to be paid for Advanced Level apprenticeship programs.

Registration Renewal Fee	Fee Amount	Number (Programs, Instructors, etc.)	Total Fees to be Paid
Campus Registration	\$500    x		
Active Programs	x		
Inactive Programs	x		
Instructors	x		
Demonstrators	x		
<b>REGISTRATION FEES DUE (I)</b>			

Other Required Fee	Fee Amount	Number (New Instructors, etc.)	Total Fees to be Paid
New Instructor Approval Requests	x		
Substantive Program Change Requests	x		
Non-Substantive Program Change Requests	x		
Inspection Fees (New Site; New Facilities, etc.)	x		
Audited Financial Statement Late Fee	x		
Registration Renewal Application Late Fee	x		
<b>OTHER FEES DUE (II)</b>			

<b>TOTAL FEES DUE (I + II)</b>	
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- Attach a certified cheque or money order to this application, made payable to the Newfoundland Exchequer Account, in the amount required above. Please ensure that cheques are mailed to the Division of Literacy and Institutional Services. For ease of processing, one cheque is acceptable for payment of all fees associated with this registration renewal application.

## SECTION 6: Information on Applicant(s)/Agent(s)

### Business Information:

Name of Registered Company: \_\_\_\_\_

- Provide the contact information for each person in the sole proprietorship/partnership/corporation/or franchise, as listed through Digital Government and Service NL's Registry of Companies.
- Please note that the names of directors listed below must reflect the names of the current directors for your institution listed under the Registry of Companies.
- Also note that your company registration with Digital Government and Service NL must be in good standing. Please ensure that the required annual return has been filed accordingly.

Name	Address and Contact Telephone Number	Business Relationship
		Partner <input type="checkbox"/> Director <input type="checkbox"/>
		Partner <input type="checkbox"/> Director <input type="checkbox"/>
		Partner <input type="checkbox"/> Director <input type="checkbox"/>
		Partner <input type="checkbox"/> Director <input type="checkbox"/>
		Partner <input type="checkbox"/> Director <input type="checkbox"/>
		Partner <input type="checkbox"/> Director <input type="checkbox"/>

## SECTION 7: Declaration

The application for Private Training Institution 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.

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 OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT WILL BE TREATED AS CONFIDENTIAL SUBJECT TO THE PROVISIONS OF THE *PRIVACY ACT*.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Date of Application: \_\_\_\_\_