

NH DEPARTMENT OF EDUCATION  
DIVISION OF EDUCATOR SUPPORT AND HIGHER EDUCATION  
OFFICE OF CAREER SCHOOL LICENSING  
101 PLEASANT STREET  
CONCORD, NH 03301  
PHONE (603) 271-6443

**ANNUAL FILING FORM**

Please note this *Annual Filing Form* is hereby made to the Office of Career School Licensing for a license to conduct a private postsecondary career school under the provisions of RSA 188:G:1-10 and the NH Code of Administrative Rules, Hec 300, Office of Career School Licensing. In order to receive approval for the continuance of a license to operate a private postsecondary career school, the school must file this application pursuant to Hec 303.04 **at least 45 days prior** to the school's annual filing date, which is the one year anniversary that follows the school's most recently obtained certificate.

**GENERAL INFORMATION**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Administrator of school: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

**STUDENT INFORMATION**

The numbers below should be based on all program(s)/course(s) offered by your school during its most completed year.

*Total number of:*

New Hampshire students enrolled: \_\_\_\_\_

Out-of-state students enrolled, if applicable: \_\_\_\_\_

New Hampshire students who completed the programs/courses: \_\_\_\_\_

Out-of-state students who completed the programs/courses, if applicable: \_\_\_\_\_

Full time students: \_\_\_\_\_

Part-time/half-time students: \_\_\_\_\_

**FINANCIAL INFORMATION**

Our school's annual gross tuition as defined in Hec 302.01(c) for the reporting year FY \_\_\_\_\_ is: \$ \_\_\_\_\_

A notarized copy of the school's surety indemnification is included as outlined in Hec 303.04.

Our school has enclosed a renewal licensure fee in the amount of \$ \_\_\_\_\_ as outlined in Hec 304.06.

*Please make checks payable to: **Treasurer, State of NH***

***Please print your initials in the appropriate spaces below and then sign, print, and date at the bottom.***

\_\_\_\_\_ I certify that our school is registered with the NH Secretary of State and is in good standing.

\_\_\_\_\_ I certify that if there are any changes to items outlined in the Initial License Criteria (Hec 303.01) including, but not limited to, changes to program(s)/course(s) or facility(ies) used for education instruction, our school will notify the Office of Career School Licensing prior to advertising, promoting, or implementing these changes.

\_\_\_\_\_ I certify that all information provided is true and correct in content and policy and that I have read the entirety and understand the applicability of RSA 188:G:1-10 and the N. H. Code of Administrative Rules Hec 300.

\_\_\_\_\_  
**Administrator Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**