

Protected A (when completed)

The personal information collected through the Private Career Colleges Licensed Institutions Statutory Declaration is for the purpose of administering and enforcing the *Private Vocational Training Act*, the Private Vocational Training Regulation, the Terms and Conditions of Licensing, the Alberta Student Enrolment Contract for Licensed Vocational Training, and all related operational policies. This collection is authorized under section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, please contact the Private Career Colleges and Compliance branch at pcc.branch@gov.ab.ca.

As the responsible authority of the institution applying for licensing, please confirm each item by marking the corresponding box and sign below.

- ☐ I have reviewed the criteria for licensing exemption and confirm that, to the best of my knowledge, this program is not exempt from licensing.
- ☐ I have confirmed whether a regulatory or professional body sets standards for this occupation. If applicable, I have attached a letter of approval/letter of recognition from the regulatory or professional body with this application submission.
- ☐ I have completed and included the following with my application:
- Program information form
 - Three (3) curriculum relevance review forms by industry subject matter experts
 - Labour market demand report
 - Program admission requirements document
 - Sample of the credential to be awarded
 - Instructor qualifications form
 - Application fee

CANADA

PROVINCE OF ALBERTA

TO WIT:

I, _____ of _____
(name) (city/town)

in the province of Alberta, Canada, do solemnly declare as follows:

- The information provided in all steps of this application are complete and accurate.
- The campus premises where the institution will deliver licensed programming complies with all applicable municipal bylaws, zoning, fire, health, safety and building requirements.
- The legal entity applying for this licence has the necessary financial resources to effectively deliver the proposed career training program.
- I understand that my application may be refused should it be determined during the application review that information provided is incomplete or false.

I make solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Responsible Authority _____ Name - please print _____ Title _____ Legal Entity o/a Institution Name _____	DECLARED BEFORE ME in the _____  of _____, in the province of _____ this _____ day of _____ , 20 _____
--	---

Signature - Commissioner of Oaths

A Commissioner for Oaths in the Province of _____ 