



Sample Application

I. Organizational Details

Our Organization

Describe your organization and its mission.

Contact Details

Organization

Address

Phone

Primary Contact

Email

II. Educational Program

Program Description

Describe the learning experience that your program provides for students. What are the educational goals of your program?

Communication of Student Progress

Describe how you keep students and their families informed of the students' progress towards achieving their certificates.

III. Policies

Instructor Qualifications

Describe your program's policy for instructor qualifications. Note that there is no requirement for your instructors to have a state teaching certification. There is no need to attach instructor resumes; simply explain what qualifications you require of your teachers and then affirm that your instructors satisfy these requirements.

Criminal History Records Check

Describe your criminal history records check policy for your staff and explain how you implement it. There is no need to submit the results of previous records checks.

Do you affirm that you will not allow instruction or student contact by a person who has been charged pending disposition for, or convicted of any violation or attempted violation of any of

the offenses as outlined in RSA 189:13-a, V pursuant to a criminal history records check conducted by the department of safety as outlined in Saf-C 5703.06 through Saf-C 5703.11?
Yes _____ No _____

Admissions

Describe your admissions process. How do students join your program?

Do you affirm that your admissions process are not designed, intended, or used to discriminate or violate individual civil rights in any manner prohibited by law?

Yes _____ No _____

Equal Access and Opportunities

As an educational provider, you have a responsibility to provide reasonable accommodations to students with disabilities.

Do you affirm that you understand that you have certain responsibilities, pursuant to Section 504 of the Rehabilitation Act, if your program receives Federal funds, or the Americans with Disabilities Act, as amended, to provide students with disabilities with equal access and equal opportunities to participate in the learn everywhere program, including by providing the student with reasonable accommodations?

Yes _____ No _____

Liaison with the Local Educational Agency

In the event that a Local Educational Agency (school) should assign a student to attend your program, and should that student also have an IEP or an educational plan pursuant to section 504 of the Rehabilitation Act, your program would need to coordinate with the school in order for the school to fulfill its responsibility to make reasonable accommodations for that student. Please explain who on your staff would be available to serve as a liaison with the school, should this unusual situation occur.

Indemnification statement

If a school should refer a student to your program, the student's parent or legal guardian must sign the following statement:

"I (the parent/legal guardian of, or the emancipated student, _____/_____) covenant and agree at all times to indemnify and hold harmless the (school district), their school boards, officers, directors, agents, employees, all funding districts and sources, and their successors and assigns, (the "indemnified parties") from any and all claims, demands, actions and causes of action, whether in law or in equity, and all damages, costs, losses, and expenses, including but not limited to reasonable attorneys' fees and legal costs, for any action or inaction of the state

approved Learn Everywhere program, its board, officers, employees, agents, representatives, contractors, guests and invitees, or pupils.”

Do you affirm that you will require the parents or legal guardians of all referred students to sign this statement?

Yes _____ No _____

IV. Facilities and Insurance

Educational Facilities

Briefly describe the facilities that you use for your educational program and explain how the facilities will enable you to accomplish your program’s teaching goals.

Affirmation of Compliance

Do you affirm that your facilities shall comply with all applicable federal and state health and safety laws, rules, and regulations? These include but are not limited to fire safety codes and barrier-free access under Abfd 300, code for barrier-free design, and the Americans with Disabilities Act of 1990(ADA), as amended by the ADA Amendments Act of 2008.

Yes _____ No _____

Please note that participation in the Learn Everywhere Program shall not make facility requirements not otherwise required by state or federal law.

Proof of Insurance

Describe the insurance coverage for your program. Your insurance provider must be licensed to do business in the state of New Hampshire. In addition, please attach to this application a proof of insurance.

Note: You will need to contact your insurance provider and request that they add the New Hampshire Department of Education as a named insured, so that the Department can receive notices of policy changes or cancellations.