

**AFFIDAVIT OF REQUIREMENTS FOR SCHOOL CLOSURE**

The Hospital Administrator, and the School and/or Program Director must each complete this form if they are different individuals. Duplicate as appropriate. This affirmation is required to affirm the school administration’s knowledge of their responsibilities in the event of a school closure.

Name of Hospital-Based School: \_\_\_\_\_

Name of School Chief Fiscal Officer: \_\_\_\_\_

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

Name of Program Director: \_\_\_\_\_

(a) A hospital-based school shall notify the Executive Director, in writing, at least sixty days prior to closure of such school. The school shall provide evidence prior to closing that: (1) All course work is or will be completed by current students at the school; (2) there are no refunds due any students; (3) all student records will be maintained as prescribed under the Connecticut General Statutes Section 10a-22n and as amended by Public Act 11-48; (4) final payment has been made to the private occupational school student protection account; (5) a designation of service form has been filed with the Executive Director; and (6) the certificate of authorization has been returned to the Executive Director.

(b) Any hospital-based school that fails to meet the requirements outlined in subsection (a) of this section maybe fined not more than five hundred dollars per day for each day of noncompliance and shall be ineligible to be issued a certificate of authorization upon application to operate a hospital-based school. Any funds collected pursuant to this subsection shall be placed in the private occupational student protection account.

(c) If the Executive Director revokes a hospital-based school's certificate of authorization, such school shall comply with the requirements of subsection (a) of this section. Failure to comply shall result in further penalties at the discretion of the Executive Director.

**AFFIDAVIT:**

I have read the above statement, understand my responsibility as school administrator, and agree to comply with the statute.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print name: \_\_\_\_\_

Attested:

Sworn/affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_

Date of commission expiration: \_\_\_\_\_