

**OFFICE OF HIGHER EDUCATION**  
**PRIVATE OCCUPATIONAL SCHOOL APPROVAL UNIT**  
450 Columbus Boulevard, Suite 707  
Hartford, Connecticut 06103  
(860) 947-1816

**HOSPITAL-BASED OCCUPATIONAL SCHOOL APPLICATION**

INITIAL APPROVAL

RENEWAL OF APPROVAL

NEW BRANCH CAMPUS

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

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

\_\_\_\_\_

School Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Currently approved schools, only, respond:

Current Authorization Expires: \_\_\_\_\_

Year First Authorized as a Hospital-Based Occupational School: \_\_\_\_\_