



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## REQUEST FOR EXEMPTION

### Pursuant to the POSTSECONDARY PROPRIETARY SCHOOL ACT

Application fee: None

\_\_\_\_\_  
Applicant's Name  
*(This should be the legal name of institution that is registering.)*

\_\_\_\_\_  
DBA if applicable

\_\_\_\_\_  
Date of Application

OFFICE USE ONLY	
Date Issued:	_____
Exempt :	_____
Denied:	_____
Withdrawn/Dissolved:	_____

**Important notice regarding business confidentiality claims pursuant to the Government Records Access and Management Act:** If you wish to make a claim of business confidentiality with respect to any information in this application or with respect to records you provide to the Division, please be aware of the following law: "Any person who provides to a governmental entity a record that the person believes should be protected under 63G-2-305(1) [trade secrets] or (2) [commercial information or non-individual financial information] or both Subsections 63G-2-305(1) and (2) shall provide with the record: (A) a written claim of business confidentiality; and (B) a concise statement of reasons supporting the claim of business confidentiality.

If you have any questions, please contact the Division at (801) 530-6601, fax (801) 530-6001.

Please return the completed application form to:  
**Department of Commerce  
Division of Consumer Protection  
160 East 300 South, 2<sup>nd</sup> Floor  
Box 146704  
Salt Lake City, Utah 84114-6704**

**Note: Applicant must file additional documentation to support the type of exemption requested.**

1.) **Applicant's Name:** \_\_\_\_\_

2.) **Applicant's Address (Physical Location of School):**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

3) **Mailing Address:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Website or web address homepage: \_\_\_\_\_

4) **Contact Person:** \_\_\_\_\_

Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

5) **Does Applicant have a parent organization?**                      **Yes**                      **No**

If "yes", please indicate the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

6) Exemption from registration under the Utah Postsecondary Proprietary School Act §13-34-105 is requested for the subsection indicated below. Please mark the box for the exemption that applies and provide the additional information noted, specific for the request:

**A.** Applicant is a Utah institution directly supported, to a substantial degree, with funds provided by the state, a local school district, or any other Utah governmental subdivision.

\_\_\_\_\_  
Name of Entity Providing Funds

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

**B.** Applicant is a lawful enterprise that offers only professional review programs, including C.P.A. and bar examination review and preparation courses.

C. Applicant is a private institution that provides postsecondary education and is owned, controlled, operated, or maintained by a bona fide church or religious denomination, that is exempted from property taxation under the laws of this state. In order for the church or religious denomination to be “bona fide” for the purpose of this exemption, the institution may not be the church or religious denomination’s **primary** purpose, function or asset.

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

D. Applicant is an institution which is accredited by a regional or national accrediting agency recognized by the United States Department of Education. An institution, branch, extension, or facility operating within the state which is affiliated with an institution operating in another state must be separately approved by the affiliate's regional or national accrediting agency to qualify for this exemption. **Please attach a current copy of the institution’s accreditation statement.**

Please note, to obtain a Certificate of Postsecondary State Authorization to verify an applicant is in compliance with 34 CFR 600.9 an applicant may seek state authorization by submitting a Certificate of Postsecondary State Authorization application form instead of this exemption request.

\_\_\_\_\_  
Accrediting Agency

Expiration date of current accreditation: \_\_\_\_\_

E. Applicant is a business organization, trade or professional association, fraternal society, or labor union that:

- i. sponsors or conducts courses of instruction or study predominantly for bona fide employees or members;

**AND**

- ii. does not advertise as a school.

A business organization, trade or professional association, fraternal society, or labor union is considered to be conducting the course predominantly for bona fide employees or members if the entity hires a majority of the individuals who: successfully complete the course of instruction or study with a reasonable degree of proficiency and apply for employment with that same entity.

\_\_\_\_\_ % Percent of time spent by Applicant in training or instruction in relation to time spent in other business activity.

\_\_\_\_\_ % Percentage of persons who are hired by the Applicant after successfully completing the course of instruction.

F. Applicant is an institution that exclusively offers one or more of the following:

- i. General education courses or instruction that is remedial, avocational, nonvocational, or recreational in nature; and for which the institution does not advertise occupation objectives or a degree, diploma, or other education credential commensurate with a degree or diploma; **OR**
- ii. Preparation for individuals to teach general education courses or instruction that is remedial, avocational, nonvocational, or recreational in nature;
- iii. Courses in English as a second language;
- iv. Instruction at or below the 12<sup>th</sup> grade level;
- v. Nurse aide training programs that are approved by:
  - (a) the Bureau of Health Facility Licensing and Certification; **OR**
  - (b) an entity authorized by the Bureau of Health Facility Licensing and Certification to approve nurse aide certification programs; **OR**

**vi. Content:**

- (a) that is exclusively available on the Internet;
- (b) for which the institution charges \$1,000 or less in a 12-month period; **AND**
- (c) for which the institution does not grant educational credentials other than a certificate that indicates completion and that does not represent achievement or proficiency.

**G. Applicant is an institution which offers only workshops or seminars:**

- i.** lasting no longer than three calendar days; **AND**
- ii.** for which academic credit is not awarded.

**H. Applicant is an institution which offers programs in barbering, cosmetology, real estate, or insurance that are regulated and approved by a state or federal governmental agency. Please include a copy of the respective agency's authorization for your current period of approval.**

\_\_\_\_\_  
Type of License

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

Expiration date of current authorization: \_\_\_\_\_

**I. Applicant is an education provider certified by the Division of Real Estate under Section 61-2c-204.1.**

**J. Applicant is an institution that offers aviation training if the institution:**

- i.(a)** Is approved under Federal Aviation Regulations, 14 C.F.R. Part 141;

**OR**

- (b)** Provides aviation training under Federal Aviation Regulations, 14 C.F.R. Part 61; **AND**

- ii.** does not collect tuition, fees, membership dues, or other payment more than 24 hours before the student receives the aviation training.

**K. Applicant is an institution that provides emergency medical services training if all of the institution's instructors, course coordinators, and courses are approved by the Dept. of Health.**

I have reviewed the Utah Postsecondary Proprietary School Act (U.C.A. §13-34-101 et. seq.), and I understand that if I operate beyond the scope of the exemption requested additional registration may apply. I also acknowledge that I am required to notify the Division within thirty (30) days of a material change in circumstances which may affect this exempt status. I also acknowledge that if I operate without obtaining an effective registration statement, I am subject to remedies and penalties under Utah law. In addition to the enforcement powers under Utah law, the Director of the Division of Consumer Protection may issue a cease and desist order and impose an administrative fine of up to \$100.00 per day that a proprietary school operates without an effective certificate of registration; if the violation is not an intentional violation, \$1,000.00 for each violation of this chapter that is not intentional or is not described in U.C.A. §13-34-111(3)(a)(ii)(A) or \$5,000 for each intentional violation. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein is true and correct.

DATED: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
ITS: \_\_\_\_\_