

STATE OF COLORADO

Department of Higher Education
DIVISION OF PRIVATE OCCUPATIONAL SCHOOLS

Lorna A. Candler
Director

Colorado Board of Private Occupational Schools

October 4, 2013



John Hickenlooper
Governor

Lt. Gov. Joseph A. Garcia
Executive Director

Dear Student:

Within the closure of Boulder College of Massage Therapy ("BCMT") the Division of Private Occupational Schools ("Division") is responsible for ensuring that all students unable to complete their training as contracted understand the options available to them. As the Division advised BCMT students in June during a meeting, students may elect a train-out or may qualify for a refund of prepaid unearned tuition if applicable. The Division has attempted to contact you via telephone to discuss these options. This letter serves as a written notification of available options and further explains the requirement that you formally elect one of the options provided under the law and submit the same to the Division for official record keeping.

- 1) REFUND: The Division of Private Occupational Schools is charged with administering the surety bond held for the Boulder College of Massage Therapy, pursuant to §12-59-115.

If you believe that you may be eligible for a refund of any *unearned portion of tuition monies* either paid in advance or for which you are obligated to pay in the future, and/or other fees that may be due you as a result of the closing of Boulder College of Massage Therapy, pursuant to statute, you *must*: (1) Complete the enclosed "Claim Form"; (2) attach all items requested where possible; and (3) return the *properly notarized* form to DPOS **no later than November 1, 2013**.

Please indicate whether you "do" or "do not" wish to file a claim, by checking the appropriate box shown in this notice letter; sign and return a notarized copy to the address below. An early response is appreciated and an untimely response will preclude you from recompense or train out.

The term "unearned tuition" pertains to students still enrolled in the program when the school ceased operation/closed. Specifically, it means the percentage of the contract price of the program already paid ("prepaid") by the student, but which was not yet earned by the school at the time you were discontinued in your educational objectives. Generally, monies paid by a student for books, tools, kits and other supplies are *not* refundable and are not considered to be "tuition".

- 2) TRAIN-OUT: A *train-out* whereby students are afforded the opportunity to continue their educational training at another institution is a possible option as a result of the school's closure. A *train-out* would be a contract facilitated by the Division with a chosen school (or schools) accepting *train-out* students with possible surety bond monies available to assist with said *train-out*.

- 3) **TRANSFER:** A *transfer* to a new school is another option available to each student who has not completed his/her training at BCMT prior to closure. It will be up to the receiving school to determine what credits will transfer and what requirements are necessary in order to complete training. If you choose to transfer to a new school, please indicate on the following page which school you will be transferring to and the start date of your new training program.
- 4) **NONE OF THE ABOVE:** You may choose not to elect any of the above options. If so, please indicate that choice by writing "none of the above" and signing the attached document.

Ensuring that you have the necessary information to make an informed decision is of utmost importance to the Division. Our goal is to assist you in continuing your training to becoming registered and to work as a massage therapists. Each of us in the Division will be available to assist you in any way as you elect your choice. If at any time you have questions/concerns regarding your options please contact the Division; Renee Belisle, Program Specialist (303) 866-4182, renee.belisle@dhe.state.co.us or Lorna Candler, Director (303) 866-4183, lorna.candler@dhe.state.co.us.

Sincerely,
FOR THE PRIVATE OCCUPATIONAL SCHOOLS BOARD



Renee Belisle
Program Specialist

Enclosures

Boulder College of Massage Therapy – Closure, September 29, 2013

I **DO NOT** WISH TO FILE A CLAIM.

I **DO** WISH TO FILE A CLAIM.

Student's Signature

Date

I am choosing to transfer by enrollment to _____ with classes
beginning on _____. I understand I have chosen this transfer over a
Division facilitated train-out.

Student's Signature Date

I am choosing a train-out via a contract facilitated by the Division of Private Occupational Schools and

Train-out School Name Street Address City State Zip Code
My new class will begin on _____
Date

Student's Signature Date

**DIVISION OF PRIVATE OCCUPATIONAL SCHOOLS
COLORADO DEPARTMENT OF HIGHER EDUCATION
1560 Broadway, SUITE 1600
DENVER, COLORADO 80202**

Private Occupational Schools Claim Form

Claimant/Student: _____
(Name, current address and telephone number)

School: _____
(Name; current or former address/location)

This form **MUST** be returned by _____ (60 day due date after date of mailing)

DIRECTIONS: If you believe that you are eligible to file a claim for prepaid unearned tuition you must complete all of the following areas which apply; attach all applicable proof; and provide a signed notarized statement included, herein. Failure to complete as instructed may delay or otherwise prevent processing of your claim:

1. Program/course in which you were enrolled _____.
2. Total tuition cost of program/course (*excluding books, supplies & equipment*) _____.
3. Total amount paid, including "fees" (i.e. registration, etc.) _____.
4. Total amount of monies (i.e. tuition and/or fees) already refunded to you by the school _____.
5. Total hours of program/course _____ Hours completed _____.
6. Date enrolled _____.
7. Last date of actual attendance: _____.
8. Method(s) of payment you used for the program/course (check all that apply):
___ Note ___ Loan (Lender Name) _____
___ Cash ___ Check ___ Grant ___
9. Have you been provided with or are you currently attending an alternate school to complete your educational objectives? (Select either "Yes" or "No"; if "Yes" please provide the name of the alternate school/institution and physical address/location)
 - a. No _____
 - b. Yes _____

The surety is only responsible for providing tuition for the training a student has paid for, but not yet received.

For proof, attach a copy of *all applicable*: ___ Enrollment Agreement ___ Promissory Note ___

Cash Payment ___ Financial Aid ___ Grade/Attendance Report ___ Cancelled Checks (both sides)

This claim **must** be **notarized**.

THE FORGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student Signature

Phone Number

Address

City

State

Zip Code

Subscribed and sworn to by _____

before me this _____ day of _____, 2____ in

_____ (County), State of _____.

My commission expires: _____.

(SEAL)

Signature of Notary Public Officer

Address

City

State

Zip Code