APPLICATION FOR CONTINUED APPROVAL OF EDUCATIONAL AND TRAINING PROGRAMS FOR VETERANS’ EDUCATIONAL ASSISTANCE, UNDER THE PROVISIONS OF SECTION 1776, TITLE 38, UNITED STATES CODE (USC)

The Workforce Training and Education Coordinating Board has been legally designated to serve as the state agency responsible for the approval of educational and training programs under the provision of the various veterans’ educational assistance acts.

This application should be as complete as possible. References to pages in the school catalog or other official publications may constitute responses. If space is inadequate or an item is not fully described in the catalog or brochure, please use separate sheets.

___________________________________________________ NAME OF SCHOOL

___________________________________________________ MAILING ADDRESS

___________________________________________________ PHYSICAL ADDRESS (IF DIFFERENT)

CITY_________________________ COUNTY_________________ STATE_________ ZIP CODE ______________

CONTACT PERSON_________________________ ___________________ E-MAIL ADDRESS______________________________

TELEPHONE (____)________________________

1. Is your school accredited? If so, by which organization? __________________________

2. Is a license or approval from any other federal, state, or municipal agency required for the operation of your institution? ☐ *YES ☐ NO

*If YES, please indicate:

a. Type of License __________________________________________

b. Licensing Agency __________________________________________

c. Licensing Agency’s Contact Number ____________________________

3. Does the school continue to comply with all local, city, county, municipal, State, and Federal regulations, such as fire codes, building codes, and sanitation codes? ☐ YES ☐ NO

4. Since your last application, have any school owners, officers, principle stockholders, administrators, directors, or instructors ever:

(1) Been involved in bankruptcy? ☐ YES ☐ NO
(2) Been involved in a school or business closure? ☐ YES ☐ NO
(3) Been convicted of violating any law other than minor traffic offences? ☐ YES ☐ NO
(4) Been dismissed for immoral or unprofessional conduct? ☐ YES ☐ NO
(5) Had a license revoked in this or any other state? ☐ YES ☐ NO

If so, please indicate the name of the individual, and the specifics of the case including: date, place, nature of the violation, disposition of the case, and other pertinent information:

________________________________________________________________________________________

________________________________________________________________________________________
5. Will tuition, fees, and charges be the same for veterans and non-veterans?  ☐ YES  ☐ NO

6. What are you requesting approval for? Please check the appropriate boxes below:

| (A) New Program | ☐ YES | ☐ NO |
| (B) Program Withdraw | ☐ YES | ☐ NO |
| (C) Program Name Change | ☐ YES | ☐ NO |
| (D) Teach-Out | ☐ YES | ☐ NO |
| (E) Change in Credit/Clock Hours | ☐ YES | ☐ NO |
| (F) Change in School Ownership | ☐ YES | ☐ NO |
| (G) Change in School Location | ☐ YES | ☐ NO |
| (H) Change in School Policies and/or Procedures | ☐ YES | ☐ NO |
| (I) Other. Please explain and attach corresponding documentation: |  |

*For all approval requests, attach two certified copies of the revised school catalog and/or addendum with "Certified as true and correct in content and policy (signed and dated)" on or near the cover page. Please also attach a catalog analysis form.

6(A). New Program: Attach Form VA-9 and the program curriculum with descriptions of each course required. Answer the following questions for each program you are requesting approval for.

a. Program name: ____________________________

b. Is a graduation diploma or certificate issued?  YES ☐ NO ☐

c. Will students earn other industry recognized certificates upon completion?  YES ☐ NO ☐

If so, which certificates? ____________________________

d. How are you ensuring that your program is meeting industry need and will adequately prepare students to take an entry level job in the corresponding field? ____________________________________________

6(B). Program Withdraw: List the program to be withdrawn, date and reason:

Program Name: ____________________________  Withdraw Date: ____________________________

Reason: ____________________________________________

6(C). Program Name Change: List the program to be changed

Old Program Name: ____________________________  New Program Name: ____________________________

6(D). Teach-Out: List the program to be taught out, date and reason:

Program Name: ____________________________  Anticipated End Date: ____________________________

Reason: ____________________________________________

6(E). Change in Credit/Clock hours: List the old and new hours for the program. Clock ☐ or Credit ☐ hours?

Program Name: ____________________________  Old Hours: ________  New Hours ________

6(F). Change in Ownership: If ownership is the only change, please attach the following (please contact our office at (360) 709-4627 if other things are changing):

- A formal letter requesting a change of ownership, including a declaration by the new owner that the faculty, students, and program offerings remain essentially the same
- Form VA-9 listing the program(s) that you want to be approved
• VA-ONCE MOU (Memorandum Of Understanding) (fillable document available online)
• Electronic Funds Transfer Authorization form (VA Form 24-0296)
• Designation of Certifying Officials form (VA Form 22-8794)
• Conflicting Interests Certification for Proprietary Schools form (VA Form 22-1919)
• CPA Certified Financial Statement
• Copy of the purchase agreement

6(G). **Change in Location:**

- A formal letter requesting a change of location, including a declaration by the new owner that the faculty, students, and program offerings remain essentially the same
- A Site Inspection is required before the change in location can be approved. This will be scheduled after confirmation that the package is complete

6(H). **Change in Policies and Procedures:** Identify the policy/procedure being changed and the reason for the change.

Policy/Procedure:_____________________________________________________
Reason for change:_________________________________________________________________________________________________
________________________________________________________________________________________________________________

7. **Re-Affirmations:** *Please read and initial before signing below.*

   a. The institution will grant each veteran credit for previous education and training, shortening program and reducing tuition where appropriate. ______

   b. The institution will maintain results of previous education and training evaluation in each veteran’s file. ______

   c. Upon lengthening or shortening a veteran’s course load, the institution will notify the Department of Veterans Affairs within 30 days following the effective date of the change. ______

   d. The institution will maintain careful records of each veteran’s attendance, noting tardiness and absenteeism and reporting these to the Department of Veterans Affairs. ______

   e. The institution does not and will not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollment or financial aid to any persons or entities engaged in any student recruiting or admissions activities or in making decisions regarding the award of student financial assistance. ______

   f. The institution does not and will not utilize advertising of any type which is erroneous or misleading, either by actual statement, omissions, or intimation. ______

I certify that the information contained in this application or attached to the application and in the current school catalog or brochure is true and correct in content and policy.

________________________  ____________________________
Printed Name of Administrative Official  Signature of Administrative Official  Date