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| ***Request for an Application to provide training to veterans and other eligible persons***  ***Instiutions of higher learning, non-college degree and Licensure and certification*** |

*(This is* ***ONLY*** *a request for the application of approval to provide training to veterans and other eligible persons. Upon receipt of this completed form, an Application for Approval will be emailed along with all supporting documentation needed for the State Approving Agency to process your application. Please allow 48 hours for the SAA to review and process this form. If you have any question please contact Trinika Lewis-Wilson* *at 804-225-2720)*

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| ***Full Name and Address of Institution:***   |  |  |  |  | | --- | --- | --- | --- | |  | | | | |  | | | | |  | | | | |  | | | | | ***Accreditation Status*** | ***Type of School*** | ***Check all that Applies*** | | Accredited  Non-Accredited | Public  For-Profit  Not-For-Profit | Degree Undergraduate  Degree Graduate  Certificates/Diplomas | | **License & Certification** | | Governmental  Non-Governmental | | | ***SAA Use ONLY*** | |
| ***Date Application Sent:*** | |
| ***Date Application received:*** | |
| ***RM Assigned to:*** | |
| ***Type of Application:***  *Deemed Approved*  *Accredited IHL/NCD*  *Non-Accredited IHL/NCD*  *License & Certification*  *Governmental*  *Non-Governmental* | |
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| Official(s) who will serve as Contact person for SAA approval:  Phone:       Fax: E-mail: | | | |
| 1. Are you accredited by an accrediting agency recognized by the U.S. Department of Education? | | | Yes  No |
| 1. Please provide the name of your accrediting Agency : | | | |
| 1. If you are a proprietary educational institution that offers a course not leading to a standard college degree, have you been in operation for 2 continuous years? | | | Yes  No |
| 1. If you answered ***NO*** to question 3, you may not beeligible for approval at this time. *If you are a proprietary educational institution that offers a course not leading to a standard college degree you must be in* *operation for 2 continuous years unless the institution meet the following exceptions under CFR 21.4251:* Offers the course under a contract with the Department of Defense or the Department of Transportation; and gives the course on or immediately adjacent to a military base, Coast Guard station, National Guard facility, or facility of the Selected Reserve**. If you do not meet these exceptions *STOP HERE* and return this form to the SAA.** | | | |
| 1. Does the facility have a Certificate to Operate (CTO) from the State Council of Higher Education for Virginia **(SCHEV)**? | Yes  No | | |
| 1. If you answer ***NO*** to question 5, do you have an exemption? ***This requirement may not apply to if you do not fall under SCHEV jurisdiction.****(Contact SCHEV at 804-225-3093)* | Yes  No  N/A | | |
| 1. **a**. Are you a school of Cosmetology or Barbering? | Yes  No  N/A | | |
| **b**. If you answered ***YES*** to question 7a, do you provide funding under Title IV, if ***YES***? You are require to have a Certificate to Operate from SCHEV? | Yes  No  N/A | | |
| **c.** If you answered ***YES*** to question 7, are your licensed by the Virginia Department of Professional and Occupational Regulations **(DPOR)**? | Yes  No  N/A | | |
| 1. If you answered ***NO*** to question 7c, you are not eligible for approval at this time | **Please return to the SAA** | | |

***Please email the completed form to Trinika Lewis-Wilson*** ***at,*** [***trinika.lewis-wilson@dvs.virginia.gov***](mailto:trinika.lewis-wilson@dvs.virginia.gov)