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| **DVSStateApprovingAgency_Logo** | | | | | |
| ***Request for an Application to Provide Training to Veterans and Other Eligible Persons*** | | | | | |
| ***Note: Federal agencies must be approved directly by the U.S. Department of Veterans Affairs. If your facility is a federal agency, please do not fill out this form. Please contact us at*** [***saa@dvs.virginia.gov***](mailto:saa@dvs.virginia.gov) ***for the DVA point of contact.*** | | | | | |
| **Date of Request:** | | | | | |
| **Facility Name:** | | | | | |
| **Address:** | | | | | |
| **City:** | | | | | |
| **State:** | | | | **Zip Code:** | |
| **Contact Person:** | | | | | |
| **Phone Number:** | | | | | |
| **Fax Number:** | | | | | |
| **Email :** | | | | | |
| 1. **Is your facility an apprenticeship or on-the-job training (OJT) establishment?** | | | | | |
| **No** | **Yes, OJT**  **Yes, registered apprenticeship**  **Yes, non-registered apprenticeship** | | | | |
| ***If you checked any of the “yes” boxes above, you are done with this form. Please email it to*** [***saa@dvs.virginia.gov***](mailto:saa@dvs.virginia.gov) | | | | | |
|  | | | | | |
| 1. **Do you *own* (not just offer) a licensure or certification test?** | | | | | |
| **No** | **Yes, governmental**  **Yes, non-governmental** | | | | |
| ***If you checked any of the “yes” boxes above, you are done with this form. Please email it to*** [***saa@dvs.virginia.gov***](mailto:saa@dvs.virginia.gov) | | | | | |
|  | | | | | |
| 1. **Is your facility a high school?** | | | | | |
| **No** | **Yes** | | | | |
| ***If you checked “yes” above, you are done with this form. Please email it to*** [***saa@dvs.virginia.gov***](mailto:saa@dvs.virginia.gov) | | | | | |
| 1. **Is your school accredited by an accrediting agency recognized by the U.S. Department of Education (**[**http://www.chea.org/search/search.asp**](http://www.chea.org/search/search.asp)**)?** | | | | | |
| **No** | | **Yes** | | | |
| 1. **If you answered “yes” to #4, please list the agency:** | | | | | |
| 1. **Is your school:** | | | | | |
| **For profit** | | | **Private non-profit** | | **Public** |
| 1. **Does your school offer (check all that apply):** | | | | | |
| **Undergraduate degrees** | | | **Graduate degrees** | | **Certificates/diplomas** |
| 1. **Has your school been in operation in the Commonwealth of Virginia for at least two years?** | | | | | |
| **No** | | **Yes** | | | |
| 1. **Does your school have a Certificate to Operate (CTO) from the State Council of Higher Education for Virginia (SCHEV)?** *(Contact SCHEV at 804-225-3093)* | | | | | |
| **No** | | **Yes** | | | |
| 1. **If you answered “no” to #9, does your school have an exemption?** | | | | | |
| **No** | | | **Yes (enclose a copy of your exemption letter with this form)** | | **N/A (explain):** |
| 1. **Does your school fall under the jurisdiction of any of the State Agencies listed on the following page?** | | | | | |
| **No** | | **Yes (which one):** | | | |
| ***Please email this form to*** [***saa@dvs.virginia.gov***](mailto:saa@dvs.virginia.gov) | | | | | |
| ***Saa Official use Only*** | | | | | |
| ***Date form received:*** | | | | | |
| ***Type of application sent:*** | | | | | |
| ***Date application sent:*** | | | | | |
| ***Remarks:*** | | | | | |

***Note****: All programs of education must go through the State Council of Higher Education for Virginia (SCHEV), unless it falls under one of the categories below:*

|  |  |
| --- | --- |
| Program/School Type | Approving State Agency |
| Apprenticeships | Virginia Department of Labor and Industry (DOLI) |
| CDL and Professional Driver Training | Virginia Department of Motor Vehicles |
| Certified Nursing Assistant | Virginia Board of Nursing |
| Cosmetology & Barbering (Non Title-IV) | Board for Barbers & Cosmetology – under Virginia Department of Professional & Occupational Regulation (DPOR) |
| Cosmetology & Barbering (Title-IV eligible) | SCHEV and Virginia Department of Professional & Occupational Regulation (DPOR) |
| Electrical, Plumbing, HVAC, Gas fitting | Virginia Board of Contractors –under Virginia Department of Professional & Occupational Regulation (DPOR) |
| EMT & Paramedic | Virginia Department of Health |
| Esthetics (Non-Title IV) | Board for Barbers & Cosmetology – under Virginia Department of Professional & Occupational Regulation (DPOR) |
| Esthetics (Title-IV eligible) | SCHEV and Virginia Department of Professional & Occupational Regulation (DPOR) |
| Fire Fighting | Virginia Department of Fire Programs |
| Insurance | State Corporation Commission |
| Maritime | U.S. Coast Guard |
| Massage Therapy | SCHEV and Virginia Board of Nursing |
| Medication Aide | Virginia Board of Nursing |
| Nurse Aide | Virginia Board of Nursing |
| Personal Care Aide | Virginia Department of Medical Assistance Services |
| Pharmacy & Pharmacy Tech | Virginia Board of Pharmacy |
| Phlebotomy | SCHEV |
| Private Security, Law Enforcement, Tow Truck Drivers | Virginia Department of Criminal Justice Services |
| Real Estate | Board of Real Estate – under Virginia Department of Professional & Occupational Regulation (DPOR) |