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| **S:\DVS Branding Materials and Logos\SAA Logos\DVS_VETE_StateApprovingAgency_Logo.jpg** | | |
| ***Request for Medical Residency, Fellowship or Internship***  ***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 residency or fellowship accredited?** | | |
| **No** | **Yes** | |
| ***If you checked “No” above, you are done with this form. Please email it to*** [***saa@dvs.virginia.gov***](mailto:saa@dvs.virginia.gov) | | |
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| 1. **Which accreditor has approved your program?** | | |
| **Accreditation Council for Graduate Medical Education**  **American Osteopathic Association**  **Commission on Dental Accreditation of the American Dental Association**  **Council on Podiatry Education of the American Podiatry Association**  **Other** | | |
| ***If you checked “Other” above, you are done with this form. Please email it to*** [***saa@dvs.virginia.gov***](mailto:saa@dvs.virginia.gov) | | |
| ***Continue to next page*** | | |

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| 1. **Does your program lead to a certification by one of the following:** | |
| **An appropriate Specialty or Subspecialty Board**  **American Osteopathic Association**  **American Dental Association** | |
| 1. **If you checked Specialty or Subspecialty Board, indicate the Specialty:**   **\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
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| ***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) |
| Flight | Federal Aviation Administration |
| Fire Fighting | Virginia Department of Fire Programs |
| Insurance | State Corporation Commission |
| Maritime | U.S. Coast Guard |
| Massage Therapy | SCHEV |
| 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) |