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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*** ***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*** |
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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*** |
| ***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*** |
| ***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:*

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| 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) |