



## **REQUIREMENTS FOR INSTITUTE OF HIGHER LEARNING NEW SCHOOL APPROVAL**

**The school will provide 2 copies of the following to the Bureau of State Approving for Veterans' Training:**

1. Application (BSA Form 1003).
2. Catalog or Bulletin. Affix the statement "Certified true and correct in content and policy" signed by an authorized official of the school to the front or inside cover of the catalogs. See attached check sheet (BSA Form 1201) for catalog requirements.
3. A recent certified Financial Statement prepared by a CPA or accounting firm. This financial statement will be treated as confidential by this agency. This information is to show that the school is financially sound and can continue operation.
4. Application for admission, Enrollment agreement and/or the Student Contract used by your school.
5. Furnish education and experience qualifications for all directors, administrators and instructors. Use the enclosed Personal Data Form (BSA Form 8001) for this purpose. The forms are to be completed in their entirety. Make additional copies of the form if necessary.
6. Designation of Certifying Official(s) (VA Form 22-8794).
7. Conflicting Interests Certification for Proprietary Schools Only (VA Form 22-1919). Non-profit schools complete Section 2 and provide evidence of non-profit status.
8. Letter(s) of accreditation from accrediting agency (*if applicable*) which address the location for which approval is requested.
9. State licensure (or exemption, or authorization to operate) by appropriate licensing board for the last two years (which address the location for which approval is requested).

***PLEASE SIGN ALL FORMS IN BLUE SO WE MAY IDENTIFY THE ORIGINAL.***

Forward completed application and all required documentation to:

Bureau of State Approving For Veterans Training  
FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

P.O. Box 31003

St. Petersburg, FL 33731

(727) 319-7402

or

9500 Bay Pines Boulevard

Bay Pines, FL 33744

Upon approval of your application an on-site inspection visit is required. At the time of the visit, the following will be accomplished:

- Institutional verification of operation – requires review of the records of students enrolled in classes for the preceding two-year period (*if applicable*).
- Advertising – checked to verify the school does not engage in any false or misleading advertising.

**FLORIDA DEPARTMENT OF VETERANS' AFFAIRS  
DIVISION OF VETERANS' BENEFITS AND ASSISTANCE  
BUREAU OF STATE APPROVING FOR VETERANS TRAINING**

**RESIDENT SCHOOL APPLICATION FOR APPROVAL TO OFFER TRAINING**

(TITLE 38, CHAPTER 36, U.S. CODE)

1. Name of School: \_\_\_\_\_ FEIN#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_  
Fax: (\_\_\_\_)-\_\_\_\_\_ Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_  
List any other names under which this school has operated: \_\_\_\_\_
2. How long has this school been in continuous operation? \_\_\_\_\_
3. Type of school and ownership: (Check **each** appropriate item)
- (a)  Profit     Non-Profit (provide proof of Non-Profit status)
- (b)  Franchised School     Individual Ownership     Partnership     Corporation
- (c) Name and address of owner(s) (applicable to individual ownership or partnership):  
\_\_\_\_\_
- (d) Officers and Principal Stockholders (10% or more of outstanding stock):
- |            |               |
|------------|---------------|
| Name _____ | Address _____ |
| Name _____ | Address _____ |
| Name _____ | Address _____ |
4. Do any of the above owners, officers or principal stockholders (10% or more of outstanding stock) have any financial or other interest in any other school in Florida or any other state? Yes  No   
If yes, list school(s) and location: \_\_\_\_\_
5. Have any owners, officers or principal stockholders (10% or more of outstanding stock) ever been involved in bankruptcy? Yes  No   
If yes, list (1) name(s); (2) location; and (3) date: \_\_\_\_\_
6. Have any owners, officers or principal stockholders (10% or more of outstanding stock) ever been convicted for violation of any law other than minor traffic violations? Yes  No

If yes, give in each case: (1) name of individual(s); (2) date; and (3) nature of violation; (4) name and location of court; and (5) disposition: \_\_\_\_\_

7. Have any owners, officers or principal stockholders (10% or more of outstanding stock) ever been dismissed for immoral or unprofessional conduct from any position or had a license revoked in this or any other state? Yes  No

If yes, give in each case: (1) name of individual; (2) date; (3) place; and (4) reason: \_\_\_\_\_

8. Has the school ever been cited by the Federal Trade Commission, Post Office Department or other governmental agency for violation of any regulation or law? Yes  No

If yes, give (1) governmental agency; (2) date; (3) violation; and (4) disposition: \_\_\_\_\_

9. Is the school in compliance with all local, city, county, municipal, state, and federal regulations (such as fire, building, and sanitation codes)? Yes  No

10. Total number of students enrolled in all courses offered at the school during the last two (2) years:

\_\_\_\_\_

11. Total number of students who completed the prescribed courses during the last two (2) years?

\_\_\_\_\_

12. Present Enrollment: \_\_\_\_\_ Maximum Student Seating Capacity: \_\_\_\_\_

13. Number of Instructors on Staff: \_\_\_\_\_ Student-Teacher Ratio: \_\_\_\_\_

14. Does the school own the building(s) presently occupied? Yes  No

If not, give expiration date of present Lease: \_\_\_\_\_

Is Lease renewable? Yes  No  Length of time in present building(s): \_\_\_\_\_

I HEREBY CERTIFY that the foregoing statements, together with any supplements which may be attached, are correct and accurate to the best of my knowledge and belief.

BY: \_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Date

## CATALOG REQUIREMENTS CHECK SHEET FOR AN ACCREDITED INSTITUTION OF HIGHER LEARNING

School:

Catalog Date & Volume Number:

Expiration Date:

		Page
(1)	A) Two (2) copies, CERTIFIED TRUE & CORRECT IN CONTENT AND POLICY by an authorized representative.	
	B) Print, Copy, or CD format.	
	C) Identifying data, such as volume number & date of publication.	
(2)	SCHOOL CALENDAR (should include drop/add dates or procedures and last date to withdraw without penalty.)	
(3)	Educational and experience qualifications of directors, administrators, and instructors are adequate.	
(4)	There is adequate space, equipment and instructional material in the institution to provide training of good quality.	
(5)	Admission Requirements.	
(6)	Must be able to determine last date of attendance in all courses.	
(7)	STANDARDS OF PROGRESS:	
	A) School's progress requirements for graduation.	
	B) Define Grading System.	
	C) Minimum grades considered satisfactory.	
	D) Conditions for interruption for unsatisfactory progress or grades. Must be a definite statement.	
	E) Description of probationary period, if any, allowed by the institution.	
	F) Conditions of reentrance for those students dismissed for unsatisfactory progress.	
	G) Statement regarding the progress records kept by the institution and furnished to the students.	
(8)	Policy and regulations relating to student conduct and conditions for dismissal for unsatisfactory conduct.	

(9)	Policy and regulations of the institution relative to granting credit for previous education and training. Must maintain a written record that clearly indicates that appropriate previous education and training has been evaluated and granted, with the training time shortened and tuition reduced proportionately, and the VA and the veteran so notified.	
(10)	Curriculum identifying degree requirements to include credit hours required for each course and total credit hours for program. Courses, curriculum and instruction must be consistent in quality, content, and length with similar courses in public schools and other private schools in the State, with recognized accepted standards.	
(11)	Tuition and Fees.	
(12)	Independent Study, Cooperative Training, and/or Practical Training approved?	
(13)	Other Approvals:	
(14)	Not Approved:	

## **Veteran's Credit for Previous Education or Training**

Students must report all education and training. The school must evaluate and grant credit, if appropriate, with the training time shortened, the tuition reduced proportionately, and the VA and student notified.

School Official Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

FLORIDA DEPARTMENT OF VETERANS' AFFAIRS  
 DIVISION OF VETERANS' BENEFITS AND ASSISTANCE  
**BUREAU OF STATE APPROVING FOR VETERANS' TRAINING**

## PERSONAL DATA FORM FOR SCHOOL PERSONNEL

SUPERVISORS - INSTRUCTORS - ADMINISTRATIVE STAFF

NAME:	DATE OF BIRTH:
NAME AND ADDRESS OF SCHOOL:	DATE EMPLOYED:
	POSITION HELD:
ADMINISTRATIVE OR TEACHING RESPONSIBILITIES:	

### POSTSECONDARY EDUCATION

UNIVERSITIES, COLLEGES, TECHNICAL AND TRADE SCHOOLS

NAME OF SCHOOL	ADDRESS	DEGREE	MAJOR	FROM	TO

### RELATED TEACHING EXPERIENCE

NAME OF SCHOOL	ADDRESS	SUBJECTS	FROM	TO

### RELATED WORK EXPERIENCE

NAME OF EMPLOYER	ADDRESS	POSITION	REASON FOR LEAVING	FROM	TO

**Have you ever been convicted of a felony or first degree misdemeanor?**      Yes  No

If yes, use reverse side to provide (1) Date, (2) Offense, (3) Court and (4) Deposition of case.

**Have you ever been dismissed from any position for immoral or unprofessional conduct?**

Yes  No       If yes, use reverse side to provide (1) Date and (2) Reason.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Department of Veterans Affairs**

**DESIGNATION OF CERTIFYING OFFICIAL(S)**

**GENERAL INSTRUCTIONS**

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

**SPECIFIC INSTRUCTIONS**

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

**PURPOSE:** This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT *(Include ZIP Code)*

**FOR VA USE ONLY**

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) *(Include Area Code)*

4. E-MAIL ADDRESS OF CERTIFYING OFFICAL(S)

**5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT**

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)	(2)
(3)	(4)

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL  
OR TRAINING ESTABLISHMENT *(Continued)*

C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY – OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			

6. REMARKS

**It is hereby certified that** the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.

7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL	8. DATE
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**PENALTY** – The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records – VA, and published in the Federal Register. An example of a routine use (e.g., VA sends educational forms or letters with a veteran’s identifying information to the veteran’s school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran’s education claim or to monitor his or her progress during training). Your obligation to respond is required to obtain or retain education benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants recipients, and others is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). Title 38, United States Code allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/library/omb/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/library/omb/OMBINV.VA.EPA.html#VA). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

**CONFLICTING INTERESTS CERTIFICATION FOR PROPRIETARY SCHOOLS ONLY**

1. NAME AND ADDRESS OF INSTITUTION

PURPOSE: This form informs individuals that the law has restrictions concerning any potential conflict of interests. (See certifications (1) and (2) below). These certifications not only apply to chapters 31 and 36 of Title 38, U.S.C., but also apply to the following programs administered by the Department of Veterans Affairs (VA):

- MGIB**      Montgomery GI Bill-Active Duty Educational Assistance Program  
(Chapter 30 of Title 38, U.S. Code)
- VEAP**      Veterans' Educational Assistance Program (Chapter 32 of Title 38, U.S. Code)
- DEA**       Dependents' Educational Assistance (Chapter 35 of Title 38, U.S. Code)
- MGIB-SR**    Montgomery GI Bill-Selected Reserve Educational Assistance Program
- EAPP**      Educational Assistance Pilot Program (Section 903 of Public Law 96-342)

**(1) PROPRIETARY PROFIT SCHOOLS ONLY**

The law prohibits employees of VA and the State Approving Agency (SAA) from owning any interest in an educational institution operated for profit. In addition, the law prohibits these employees from receiving any wages, salary, dividends, gifts, or services from private profit schools. These provisions may be waived if VA determines that no detriment will result to the government, or to veterans or eligible persons enrolled (38 U.S.C. 3683). Please list below those VA and SAA employees known by you who may have a potential conflict of interest under this provision. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)	DESCRIPTION OF ASSOCIATION WITH SCHOOL

**(2) ALL PROPRIETARY SCHOOLS**

38 C.F.R. 21.4202(C) prohibits the approval of any veteran or eligible person in any proprietary school of which the veteran or trainee is an official authorized to sign certificates of enrollment or verifications/certifications of attendance, an owner or an officer. Please list below the names and VA file numbers (claim or Social Security Numbers) of any certifying officials, owners or officers of your school who receive VA educational assistance based on an enrollment in your school. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)	VA FILE NUMBER	DATES OF ENROLLMENT WITH YOUR SCHOOL	
		FROM	TO

**I DO HEREBY CERTIFY** that the entries above are true and correct to the best of my knowledge. I agree to immediately notify VA of any potential violations of the above prohibitions.

SIGNATURE OF PRESIDENT OR CHIEF ADMINISTRATIVE OFFICIAL OF SCHOOL	TITLE	DATE