



## **REQUIREMENTS FOR NEW NONCOLLEGE DEGREE 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 1202) 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. *Private schools only:* State of Assurance of Compliance with Equal Opportunity Laws (VA Form 27-8206).
7. Designation of Certifying Official(s) (VA Form 22-8794).
8. Conflicting Interests Certification for Proprietary Schools Only (VA Form 22-1919). Non-profit schools complete Section 2 and provide evidence of non-profit status.
9. Letter(s) of accreditation from accrediting agency (*if applicable*) which address the location for which approval is requested.
10. 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  
ACCREDITED NON-COLLEGE DEGREE SCHOOL**

School:

Catalog Date & Volume Number:

Expiration Date:

		<b>Page numbers</b>
(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)	CALENDAR:	
	A) Legal Holidays observed by the school.	
	B) Beginning & ending date of each Quarter, Term or Semester.	
(3)	Educational and experience qualifications of directors, administrators, and instructors are adequate.	
(4)	There is adequate space, equipment, instructional material in the institution to provide training of good quality.	
(5)	Admission Requirements.	
(6)	Must be able to determine the last date of attendance in all courses. (Must be a definite point in time when student is terminated for unsatisfactory attendance).	
(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 school.	
	F) Conditions for reentrance for those students dismissed for unsatisfactory progress.	
	G) Statement regarding the progress records kept by the school 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 training time shortened and tuition reduced proportionately, and the VA and the veteran so notified.	
(10)	Course outline for each course showing subjects or units in the course and the clock or credit hours to be spent on each subject or unit.	
(11)	Tuition and Fees.	
(12)	Diploma. Statement regarding diploma or certificate granted.	
(13)	Cooperative Training and/or Practical Training approved?	
(14)	Other Approvals:	
(15)	Not Approved:	

## **Veteran's Attendance Policy**

Excused absences will be granted for extenuating circumstances only. Excused absences must be substantiated by entries in students' files.

Early departures, class cuts, tardies, etc., for any portion of a class period will be counted as \_\_\_\_\_ absence.

Students exceeding \_\_\_\_\_ unexcused absences in a \_\_\_\_\_ (identify time period) will be terminated from their VA benefits for unsatisfactory attendance.

The student's attendance record will be retained in the veteran's file for USDVA and SAA audit purposes.

\*\*\*\*\*

### ***Standards of Academic Progress for VA Students***

Students receiving VA educational benefits must maintain a minimum cumulative grade point average (CGPA) of \_\_\_\_\_ each \_\_\_\_\_ (term, quarter, semester, evaluation period, etc.).

A VA student whose CGPA falls below \_\_\_\_\_ at the end of any \_\_\_\_\_ (term, quarter, semester, evaluation period, etc.) will be placed on academic probation for a maximum of two consecutive terms of enrollment. If the VA student's CGPA is still below \_\_\_\_\_ at the end of the second consecutive term of probation, the student's VA educational benefits will be terminated.

A VA student terminated from VA educational benefits due to unsatisfactory progress may petition the school to be recertified after attaining a CGPA of \_\_\_\_\_.

**This Addendum becomes a part of the Catalog for all intents and purposes.**

**CERTIFIED TRUE AND CORRECT IN CONTENT AND POLICY.**

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

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

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

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

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

## **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:
ADMINISTRATIVE OR TEACHING RESPONSIBILITIES:	POSITION HELD:

### 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**  
**STATEMENT OF ASSURANCE OF COMPLIANCE**  
**WITH EQUAL OPPORTUNITY LAWS**

\_\_\_\_\_ (hereinafter called the \*Signatory\*)  
(Name of Organization, Institution, or Individual)

HEREBY AGREES THAT

it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), and all Federal regulations adopted to carry out such laws. This assurance is directed to the end that no person in the United States shall, on the ground of race, color, national origin (Title VI), handicap (Section 504), sex (Title IX, in education programs and activities only), or age (Age Discrimination Act) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity of the Signatory receiving Federal financial assistance or other benefits under statutes administered by VA (Department of Veterans Affairs), the ED (Department of Education), or any other Federal agency. This assurance applies whether assistance is given directly to the recipient or indirectly through benefits paid to a student, trainee, or other beneficiary because of enrollment or participation in a program of the Signatory.

The Signatory HEREBY GIVES ASSURANCE that it will promptly take measures to effect this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Signatory by VA or ED, this assurance shall obligate the Signatory, or in the case of transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. In all cases, this assurance shall obligate the Signatory for the period during which the Federal financial assistance is extended to any of its programs by VA, ED or any other Federal agency.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining Federal financial assistance, including facilities furnished or payments made under sections 104 and 244(l) of Title 38, U.S.C. Also, sections 1713, 1720, 1720A, 1741-1743, 2408, 5902(a)(2), 8131-8137, 8151-8156 (formerly 613, 620, 620A, 641-643, 1008, 3402(a)(2), 5031-5037, 5051-5056 respectively) and 38 U.S.C. chapters 30, 31, 32, 35, 36, 82, and 10 U.S.C. chapter 106. Under the terms of an agreement between VA and ED, this assurance also includes Federal financial assistance given by ED through programs administered by that agency. Federal financial assistance is understood to include benefits paid directly to the Signatory and/or benefits paid to a beneficiary contingent upon the beneficiary's enrollment in a program or using services offered by the Signatory.

The Signatory agrees that Federal financial assistance or other benefits will be extended in reliance on the representations and agreements made in this assurance; that VA or ED will withhold financial assistance, facilities, or other benefits to assure compliance with the equal opportunity laws; and that the United States shall have the right to seek judicial enforcement of this assurance.

THIS ASSURANCE is binding on the Signatory, its successors, transferees, and assignees for, the period during which assistance is provided. The Signatory assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to its students or trainees in connection with the Signatory's programs or services are not discriminating against those students or trainees in violation of the above statutes.

The person whose signature appears below is authorized to sign this assurance.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of authorized official)

\_\_\_\_\_  
(Title of authorized official)

\_\_\_\_\_  
(Mailing address)

**Department of Veterans Affairs**

**DESIGNATION OF CERTIFYING OFFICIAL(S)**

**PRIVACY ACT INFORMATION:** We'll use the information on this form to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans or other eligible persons. We cannot take any further action on your claim for recognition as the certifying official until we receive the completed form (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28. Compensation, Pension, Education, and Rehabilitation Records – VA, published in the Federal Register.

**RESPONDENT BURDEN:** You don't have to complete this form and VA can't require you to respond unless the form's OMB control number, 2900-0262, is valid. The OMB Internet Home Page ([www.whitehouse.gov/OMB/index.html](http://www.whitehouse.gov/OMB/index.html)) shows the OMB Control Numbers for approved VA forms. However, we can't take any further action on you being recognized as the certifying official for your school or job training establishment unless you send the information requested on this form. Payments to veterans and other eligible persons may be delayed or stopped without this information. We estimate you'll need about 10 minutes to review the instructions and complete this form. Call 1-888-GIBILL1 (1-888-442-4551) if you have comments regarding this 10 minute estimate or any other aspect of this collection of information.

**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 <i>(Include ZIP Code)</i>	<b>FOR VA USE ONLY</b>								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%; height: 20px;"></td> </tr> </table>								

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) <i>(Include Area Code)</i>	3. FAX NUMBER OF CERTIFYING OFFICIAL(S) <i>(Include Area Code)</i>

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(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)

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

**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.

## **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.

**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