

**Department Of Veterans Affairs**  
**Delaware State Approving Agency**  
**Application For Initial VA Approval**

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Date application was completed: [Click here to enter a date.](#)

**Part I - Identification**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Work Title: \_\_\_\_\_

Institution Name: \_\_\_\_\_

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

Street Address (Line Two): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

School Tax Identification Number: \_\_\_\_\_

**Part II – Electronic Funds Transfer Information**

Name of Financial Institution: \_\_\_\_\_

Address of Institution  
\_\_\_\_\_  
\_\_\_\_\_

Nine Digit Routing Number  
\_\_\_\_\_

Account Number  
\_\_\_\_\_

Type of Account

Checking

Savings

### **Part III - Classification And Agreement**

School Type:

- Public                       Private For Profit                       Private Non-Profit

Ownership Type

- Corporation                       Partnership                       Individually Owned                       Not Applicable

Accredited?

- Yes  No

If yes – List Accrediting Body

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Operation Type

- Semester     Quarter     Clock Hours     Other (please describe below)

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Degree Type (select all that apply)

- Undergraduate Degree     Graduate Degree                       Certificate/Diplomas

Hours of Operations:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Closed							

For Non-Accredited Schools - Indicate the maximum teacher-student ratio:

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### **Part IV – Two Year Period Of Operation**

Do the provisions of the two year period of operation apply to your facility?

- Yes                       No

If unsure see: <http://www.law.cornell.edu/cfr/text/38/21.4251>

### **Part V – School Administration And Staff**

List the school's governing body (and provide where in the catalogue this information can be found)

Title Of Governing Official	First Name	Last Name	Catalogue Volume, School Year, and Page Number


List the school's administration staff (and provide where in the catalogue this information can be found)

Title Of Administration Official	First Name	Last Name	Catalogue Volume, School Year, and Page Number

List the school's Faculty (and provide where in the catalogue this information can be found)

Title Of Faculty Member	First Name	Last Name	Catalogue Volume, School Year, and Page Number

**Part VI – Description Of School Resources**

List the page numbers of the current school catalog that describes the facilities in the school:

\_\_\_\_\_

List the page numbers of the current school catalog that describes equipment available for instructional use:

\_\_\_\_\_

## **Part VII - Fee Schedule**

List the school catalog page(s) that clearly indicate the school's tuition rates:

List the school catalog page(s) that clearly indicate the school's related instructional fees:

List the school catalog page(s) that clearly indicate the school's student registration fees:

List the school catalog page(s) that clearly indicate any other fees the school may charge:

List the school catalog page(s) that clearly indicate the school's refund policy:

**\*Please Note: Any school offering programs that are not accredited must follow the Department of Veteran Affairs refund policy stated in CFR 21.4255 (<http://www.law.cornell.edu/cfr/text/38/21.4255>) for each program not accredited.**

## **Part VIII – School Policies**

List the school catalog page(s) that clearly indicate the school's admission requirements:

List the school catalog page(s) that clearly indicate the school's standards of conduct policy:

List the school catalog page(s) that clearly indicate the school's conditions for dismissal for unsatisfactory conduct:

List the school catalog page(s) that clearly indicate the school's policy for granting credit for previous education and training:

List the school catalog page(s) that clearly indicate the school's grading system:

List the school catalog page(s) that clearly indicate the school's minimum grades considered satisfactory:

List the school catalog page(s) that clearly indicate the school's conditions for interruption for unsatisfactory grades or progress:

List the school catalog page(s) that clearly indicate the school's description of the probationary period (if any):

List the school catalog page(s) that clearly indicate the school's beginning and end dates for current terms:

List the school catalog page(s) that clearly indicate the school's conditions for reentrance after unsatisfactory progress/content:

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List the school catalog page(s) that clearly indicate which legal holidays are recognized by the school:

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***The following questions must also be answered for all non-accredited programs.***

List the school catalog page(s) that clearly indicate the school's attendance/absence policy:

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List the school catalog page(s) that clearly indicate the school's enrollment dates:

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List the school catalog page(s) that clearly indicate the school's leave policy:

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List the school catalog page(s) that clearly indicate the school's tardiness policy:

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List the school catalog page(s) that clearly indicate the school's class-cut policy:

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List the school catalog page(s) that clearly indicate the school's make-up work policy:

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List the school catalog page(s) that clearly indicate the school's academic calendar (holidays observed and vacation periods must be expressly noted):

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List the school catalog page(s) that clearly indicate the school's policy for granting a certificate to the student upon satisfactory completion of training:

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**Part IX - Program(s)**

*(Complete this page for each program you are seeking approval for)*

Name of Program:

\_\_\_\_\_

Education Type:

- Institute of Higher Learning (IHL)       Non-College Degree (NCD)

~~Does training contain any of the following types? (check all that apply):~~

- Practical Training       Independent Study/Distance Learning

Definition of Practical Training: <http://www.law.cornell.edu/cfr/text/38/21.4265>

Definition of Independent Study: <http://www.law.cornell.edu/cfr/text/38/21.4267>

Is training taken at main campus or at a different location?

- Main Campus       Other (please provide address of that location below).

\_\_\_\_\_  
\_\_\_\_\_

Is this program provided (in part or in whole) by another school, person or entity under contract?

- No       Yes (please provide the name and address of entity providing training)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the page numbers of the current school catalog that shows course description and requirements for graduation:

\_\_\_\_\_

Amount of credit or clock hours needed to be considered full-time:

\_\_\_\_\_

If NCD - provide the length of the course (specify if length is in years, credit hours or clock hours):

\_\_\_\_\_

If NCD - list the maximum number of students that can be instructed on any given day:

\_\_\_\_\_

## **Part X - Required Documentation**

### **All applications must include the following:**

- Current school catalog or bulletin certified as true and correct in content and policy
- Statement of assurance of compliance with equal opportunity laws (VA Form 20-8206)
- Designation of school certifying official(s) (VA Form 22-8794)
- Conflicting interests certification for proprietary schools (VA Form 22-1919)
- Memorandum of Understanding for VAONCE access  
([http://www.benefits.va.gov/GIBILL/resources/education\\_resources/mou.html](http://www.benefits.va.gov/GIBILL/resources/education_resources/mou.html))
- Proof of accreditation (if applicable)
- Copy of graduation certificate or diploma
- Signed statement that advertising is not erroneous, deceptive or misleading
- A copy of all advertising materials used by the school for the last two years
- Registration certificate
- Proof of two year period of operations (Form SAA-5 and include transcripts for all students)
- Financial statements (can include copies of tax returns, bank statements or financial reports – this documentation must cover the school's last two years of operations).
- Fire and sanitation inspection of school facilities
- Detailed floor plan
- Proof of ownership
- Copy of student enrollment contract
- Statement that the school agrees to maintain a written record of previous education and training of veterans (and all eligible persons for veterans' benefits) which clearly indicates that appropriate credit has been given by the school for previous education and training, with the training period shortened proportionately, and the student and the Department of Veterans Affairs so notified.
- Signed statement of understanding and compliance with the 85/15 rule (<http://www.law.cornell.edu/cfr/text/38/21.4201>)
- Statement of understanding and compliance with VA registered trademark  
([http://www.benefits.va.gov/GIBILL/Trademark\\_Terms\\_of\\_Use.asp](http://www.benefits.va.gov/GIBILL/Trademark_Terms_of_Use.asp))

Applications for NCD program approvals must also submit the following:

- Records of class clock hours
- A list of the total class clock hours the objective is offered each day of the week
- A list of the total class clock hours the objective is offered for the entire week
- A copy of daily attendance records
- Statement of understanding that facility must offer at least one IHL program in order to be eligible to provide distance learning (<http://www.law.cornell.edu/cfr/text/38/21.4267>)

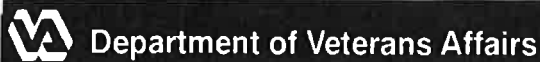
**\*\*\*Please note: An application will not be considered completed until all information has been received. No section of this application can be left blank and all documents listed in Part X must be provided. Any application missing documentation will be returned to the facility that submitted it with a request to complete missing information\*\*\***

**By signing the following - I do hereby certify all information contained in the school's catalog and this application are true and correct in content and policy. Subsequently, the above mentioned institution is qualified and equipped to provide training for veterans in accordance with Chapter 36, Title 38, US Code.**

**The school maintains complete student records at the main campus. Records consist of recorded information relevant to policies published in the attached catalog. Enforcement of published policies are also recorded on the student's record. Periodically, the school provides the student a record of their academic standing. Each graduate is awarded at least a certificate of completion.**







## CONFLICTING INTERESTS CERTIFICATION FOR PROPRIETARY SCHOOLS

**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 allows VA to send 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 benefits. We cannot pay education benefits to any person training at your school until we receive this information (38 U.S.C. 3686(b)). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

**Respondent Burden:** We need this information to approve courses at your school for VA purposes and pay education benefits to trainees at your facility. 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/omb/library/OMBINVC.html#VA](http://www.whitehouse.gov/omb/library/OMBINVC.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.

NAME AND ADDRESS OF INSTITUTION

**PURPOSE:** This form informs individuals that the law has restrictions concerning any potential conflict of interest. (See certifications (1) and (2) below).

### (1) PROPRIETARY PROFIT SCHOOLS ONLY

Title 38 U.S.C. 3683 prohibits employees of the Department of Veterans Affairs (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, profits, 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. 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

Title 38 C.F.R. 21.4202(c), 21.5200(c), 21.7122(e)(6), and 21.7622(f)(4)(iv) prohibit the payment of educational assistance to any veteran or eligible person based on an enrollment in any proprietary school of which the veteran or eligible person is an official authorized to sign certificates of enrollment or verifications/certifications of attendance, or is 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 is none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

VA FILE NUMBER

DATES OF ENROLLMENT WITH YOUR SCHOOL

FROM

TO

**CERTIFICATION: 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

**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 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)	

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 acknowledged that each of the individuals designated as certifying officials must successfully complete online training for new certifying officials prior to being granted access to VA's certification system. **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, 58VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment 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.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). 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.

## 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, to 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 the 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(1) 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, 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)