

ELISEO "AL" CANTU, JR.
Major, US Army (Retired)
Chairman

JAMES H. SCOTT
Colonel, USAF (Retired)
Vice Chairman



DANIEL P. MORAN
Captain, USMC (Retired)
Member

J.K. "JAKE" ELLZEY
Commander, US Navy (Retired)
Member

THE REV. RICHARD A. McLEON, IV
US Army Veteran
Secretary

TEXAS VETERANS COMMISSION Veterans Education

THOMAS P. PALLADINO
Colonel, US Army (Retired)
Executive Director

October 10, 2013

Dear School Official:

Enclosed is the application packet needed to update your approval for certificate programs at your institution. Please complete and submit **3 copies** of each item. **Forms requiring a signature should have an original signature on at least one copy.** Please also submit **3 copies** of your current school catalog.

Items of Interest

- **Approved Program List Attachment:** Please review the list of currently approved programs and use this list to add/delete/revise as necessary. Include this annotated copy with your approval packet submission.
- **Calendar & Class Schedule for Certificate Programs:** Note that there are 2 of these forms in the packet - one for programs certified in clock hours and one for programs certified in credit hours. Each certificate program for which you are requesting approval must be listed on one of these two forms.
- **VA Form 22-8794:** Please submit if there have been changes to the person(s) at your institution who have been designated as VA Certifying Officials.
- **Continuing Education:** Please be aware that according to the Code of Federal Regulations, continuing education is **not** approvable for veterans education. There can be an exception for those programs of study which have a definite vocational objective, i.e. preparation of a student for entry-level employment in a specific occupation.

Please respond within 30 days of receipt of this letter. Upon receipt of this completed application, we can begin processing your updated approval. If you have questions, please contact us toll-free at (877) 898-3833, or by email at education@tvc.texas.gov

Sincerely,

Rufus T. Coburn
Director

TEXAS VETERANS COMMISSION

DEEMED APPROVED INSTITUTIONS – Certificate Programs Only

GUIDE FOR SCHOOLS IN PREPARING AN APPLICATION FOR APPROVAL TO TRAIN VETERANS AND OTHER ELIGIBLE PERSONS UNDER SECTION 3675, TITLE 38, UNITED STATES CODE

Return to:

Rufus Coburn, Director
Veterans Education
Texas Veterans Commission
P.O. Box 12277
Austin, Texas 78711-2277
(512) 463-3168 or (877) 898-3833 Toll-Free



"Helping Veterans Starts Here"

TEXAS VETERANS COMMISSION
Veterans Education
P.O. Box 12277
Austin, Texas 78701
(512) 463-3168 or (877) 898-3833 Toll-Free

Application for Approval to Train VA Eligible Persons (Accredited Institutions)
CERTIFICATE PROGRAMS ONLY

- 1. Name of School
2. Address of School (Physical location)
Mailing Address (VA Certifying Official)
3. Accrediting Body
Federal, State or Municipal Licensing Body or Authority
4. Name of President/Director/Owner
5. Name of VA Certifying Official
Phone Fax E-mail

6. The above-named institution requests approval to train VA eligible persons in the programs listed on the attached pages. (For certificate programs, use the enclosed Calendar and Class Schedule(s), as applicable, for the Certificate Programs to be considered for approval.)

I understand that: (Reference 38 Code of Federal Regulations 21.4209)
The school will make available to the authorized government representative records and accounts pertaining to veterans or eligible persons who received educational assistance.
Other students' records necessary for the Department of Veterans Affairs and its authorized representatives to ascertain institutional compliance.
The school must retain records and accounts for at least three years following the termination of students' enrollment period.

I certify that (will be verified by State Approving Agency before approval):
The educational institution keeps adequate records, as prescribed by the State Approving Agency, to show the progress and grades of the eligible person or veteran and to show that satisfactory standards relating to progress and conduct are enforced.
The educational institution maintains a written record of the previous education and training of the eligible person or veteran that clearly indicates that appropriate credit has been given by the educational institution for previous education and training, with the training period shortened proportionately.
The programs, curriculum, and instruction are consistent in quality, content, and length with similar programs in public schools and other private schools in the state, with recognized standards.
The school has adequate space, equipment, instructional materials, and instructor personnel to provide training of good quality.
Educational and experience qualifications of staff and instructors are adequate.
"The school will not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any person or entities engaged in student recruiting or admission." (per PL 112-249)

True and Correct Statement I certify that the information contained in this application and attachment(s), catalog or bulletin, student handbook, supplements, addenda, and the supporting approval material is true and correct in content and policy as required by 38 Code of Federal Regulations 21.4253.

Signature of Authorized School Official Title Date

SUPPORTING APPROVAL MATERIAL

ANY CHANGES TO THE CATALOG AFFECTING THIS APPROVAL SHOULD ALSO BE SUBMITTED AS ADDENDA ITEMS. IN ADDITION, CHANGES AFFECTING THE APPROVAL MAY BE SUBMITTED ANY TIME DURING THE YEAR. SUBMIT THESE CHANGES WITH A TRUE AND CORRECT STATEMENT.

A. Submit Three Copies of Your Current Catalog or Bulletin: Catalogs can be hard copy or, if submitted on disk, must be permanent (PDF or similar documents) files, not website screen shots. Although not required, submission of a hard copy catalog can facilitate review and processing. If an item listed below is not in the catalog (bulletin), provide additional publications or a written statement to be submitted as addenda to the catalog or bulletin.

Check this box if a **previously approved** multiple year catalog is still applicable and then proceed to Item B.

List page number where the items below can be found.

Certificate

- | | |
|--|-------|
| <input type="checkbox"/> academic calendar for certificate programs | _____ |
| <input type="checkbox"/> grading system (to include incomplete grades) | _____ |
| <input type="checkbox"/> progress policies for VA students (see attached guidelines) | _____ |
| <input type="checkbox"/> conduct policy | _____ |
| <input type="checkbox"/> attendance policy | _____ |
| <input type="checkbox"/> graduation requirements and minimum GPA | _____ |
| <input type="checkbox"/> policy regarding transfer credit | _____ |
| <input type="checkbox"/> progress records (transcripts) kept by the school | _____ |
| <input type="checkbox"/> progress records (grades) furnished to students | _____ |
| <input type="checkbox"/> accrediting body | _____ |
| <input type="checkbox"/> tuition, fees, course costs | _____ |
| <input type="checkbox"/> drop periods | _____ |

B. COMPLETE THE APPROPRIATE CALENDAR/CLASS SCHEDULE FORM (CLOCK OR CREDIT HOUR) FOR CERTIFICATE PROGRAM(S) TO BE CONSIDERED FOR APPROVAL.

C. IF YOU OFFER THE FOLLOWING TYPES OF TRAINING, CHECK THE APPROPRIATE BOX. IF ITEM IS NOT CHECKED, APPROVAL CANNOT BE CONSIDERED.

- Practical Training Courses and Request for Approval under 38 CFR 21.4265 (*Only if offered at your school. DO NOT include a list of courses. Mark the applicable box on the form, sign and date, and submit.*)
- Registered Nursing Hospital/Fieldwork Courses
 - Licensed Vocational Nursing Courses
 - Medical and Dental Specialty Courses
 - Practical Training

D. COMPLETE THE LIST OF OFF CAMPUS LOCATIONS WHERE TRAINING IS PROVIDED.

H. CURRENT FEDERAL, STATE, MUNICIPAL LICENSE, OR CERTIFICATE OF AUTHORITY/APPROVAL WITH LIST OF APPROVED PROGRAMS (for TWC-licensed Career Schools).

I. COMPLETE AS REQUIRED (*not required if previously submitted and still valid*) :

- VA Form 22-8794, *Designation of Certifying Officials*
- VA Form 22-1919,
- VA Form 27-8206,

J. SCHEDULE OF CLASS/COURSE OFFERINGS (all courses must be described in the catalog or addenda):

- Fall 2013
- Spring 2014
- Summer 2014
- Other

K. CHANGE OF OWNERSHIP/ADDRESS (IF APPLICABLE).

L. VETERAN STUDENT ATTENDANCE POLICY (FOR CAREER SCHOOLS LICENSED BY TWC).

M. FOR INFORMATION ONLY -- TRAINING TIMES FOR CLOCK HOUR-BASED PROGRAMS:

	Where Theory Predominates	Where Shop Predominates
Full time (clock hours per week)	18	22
$\frac{3}{4}$ time	13 – 17	16 – 21
$\frac{1}{2}$ time	9 – 12	11 – 15
Less than $\frac{1}{2}$ time	5 – 8	6 – 10
$\frac{1}{4}$ time	1 – 4	1 - 5

CALENDAR AND CLASS SCHEDULE FOR CERTIFICATE PROGRAMS

(CERTIFIED IN **CLOCK HOURS** FOR VA PURPOSES)

School Year: _____

Name and Location of School _____

ONLY those certificate programs listed below will be submitted for approval to train VA students, regardless of approved certificates currently listed on WEAMS. [NOTE: Programs must be listed in the catalog or addendum.]

Complete Program Name	Catalog Page No.	Vocational Objective	1 st Day of Classes for Each Term	Last Day of Classes for Each Term	Days/week	Hours/day
<i>(Example) Vocational Nursing</i>	<i>63</i>	<i>LVN</i>	<i>8/24/13</i>	<i>12/11/13</i>	<i>TWThF</i>	<i>5</i>
<i>(Example) Automotive</i>	<i>Addenda</i>	<i>Auto Mechanic</i>	<i>1/10/14</i>	<i>5/15/14</i>	<i>TWThFS</i>	<i>7.5</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List the specific holidays (include day, month, year), break periods and breaks between terms, etc.

The specific vocational objective should be listed for each certificate program and should be one that leads to an occupation. The program should provide students with adequate skills for profitable employment upon graduation. Also, the program's length should provide sufficient student-instructor contact hours to train the student adequately and to meet the standards of the student's chosen vocation or profession. Additionally, no two programs should lead to the same objective. **INDIVIDUAL CLASS SCHEDULES SHOULD BE USED WHEN NECESSARY. SCHEDULE MAY BE SUBMITTED ON A SEPARATE SHEET IF IT DOES NOT FIT THIS FORMAT (MUST INCLUDE THE SAME INFORMATION).**

PRACTICAL TRAINING

(Title 38 Code of Federal Regulations 21.4265)

Practical training is academic training that includes actual job training. These courses are an integral part of the course, required for the completion of the course, and are under the direction and supervision of the school. If specifically approved, these types of courses can be certified either in credit hours or clock hours, whichever is more advantageous to the veteran.

CHECK THE TYPE OF PRACTICAL TRAINING BEING REQUESTED FOR APPROVAL

- Medical/Dental Specialty Courses (clinical training given off-campus such as medical/dental assistant externships or X-ray technician)
- Registered Nursing Courses (clinical courses with hospital or fieldwork phases)
- Licensed Vocational Nursing Courses (academic subjects and clinical training)
- Professional Training Courses (including Teacher Certification courses)
- Practical Training (externships or practicums in any other field that require class attendance on at least a weekly basis to provide for interaction between instructor and student)

I request that the applicable practical training courses be assessed as institutional training under the provisions of 38 CFR 21.4265. I certify that these courses are an integral part of the curriculum, are required for graduation, are under the direction of the school, and the student remains enrolled in the school during these courses. These courses may be certified in either credit or clock hours.

Signature and Title of School Official

Date

MAIN AND OFF-CAMPUS LOCATIONS

(Complete Street Address, City, State, Zip Code)

Name and Location of School

(1) LIST CAMPUSES (INCLUDING MAIN) THAT MAINTAIN ALL RECORDS AND HAVE ADMINISTRATIVE CAPABILITY:

(2) LIST ALL OTHER OFF-CAMPUS LOCATIONS THAT PROVIDE INSTRUCTION:

Use additional sheets if necessary

- No out-of-state or out-of-country locations should be listed.
- Affiliated hospitals for nursing or medical and dental programs should not be listed.
- Certificate programs offered by a **private, profit or non-profit** IHL will be subject to the two-year period of operation requirement before they can be approved at off-campus locations.

COMPLETE ONLY IF APPLICABLE

CHANGE OF OWNERSHIP (38 CFR 21.4251)

(Complete this section if change has occurred within the last two years)

School Name

Dates of Ownership

Owner

Current Owner Certification

I certify that:

- The school remains essentially the same; i.e., there are no major changes in the type or number of faculty, student body, or courses offered;
- As the new owner, I have acquired all, or substantially all, of the school’s assets, which are directly related to the school’s educational activities;
- As the new owner, I assume liability on the date the school is sold for all or substantially all, of the outstanding debts of the school. I assume only the debts incurred as a direct result of the school’s educational activities under the previous ownership. This includes overpayments of educational assistance for which the school is liable or may become liable under 38 CFR 21.4009;
- As the new owner or manager, I will make all refunds which, on the date the school was sold, may be due to veterans and eligible persons under 38 CFR 21.4254(c)(13); and
- As the new owner, I agree to honor all student contracts that veterans, reservists, or other eligible persons signed or that school authorities approved before the effective date of the change in ownership.

Signature of Owner

Print name

Date

CHANGE OF ADDRESS (38 CFR 21.4251)

I certify that the currently approved school: _____
(Name of School)

Current Address

Former Address

has relocated effective _____ and meets the following approval criteria:

- The new location is within normal commuting distance of the previous location
- The school has essentially the same faculty and student body
- The school offers the same courses
- The school has maintained “continuity of operation.” It has not been closed or otherwise unavailable for instruction for a period in excess of 30 days during the course of the move.

Signature of Owner

Print name

Date

PROGRESS POLICY GUIDELINES

Institutions are required by law to have and to enforce standards of progress in order for their programs to be approved for VA benefits. These standards should be stated plainly in the catalog or bulletin. The policy must define the following:

1. The school's grading system (INCLUDING INCOMPLETE GRADES);
2. The school's grading period;
3. The minimum grades considered satisfactory;
4. A clear description of any probation period;
5. Conditions for interruption of training due to unsatisfactory grades or progress;
6. Conditions for a student's reentrance/admission following dismissal/suspension for unsatisfactory progress.

School officials are responsible for enforcing the established standards of progress. This will require that you specify intervals between initial enrollment and graduation/completion when each student's progress will be evaluated.

Schools that provide a period of academic probation may not continue to certify a veteran or eligible person for an indefinite period of time. It is not unreasonable to expect that an institution will report a termination due to unsatisfactory progress if a student remains on academic probation beyond two (2) terms, quarters, or semesters without an improvement in his/her academic standing.

Please ensure that your progress policies for undergraduate, graduate, law school, and certificate programs meet the above requirements. If your catalog does not contain all of this information, a progress policy must be submitted as an addendum to the current catalog (and noted on the true and correct statement).

NOTE: PROGRESS POLICIES FOR VA STUDENTS CANNOT BE LESS STRINGENT THAN POLICIES FOR OTHER STUDENTS.

**ATTENDANCE POLICY
FOR VA STUDENTS**

EFFECTIVE September 1, 2005

For Department of Veterans Affairs (DVA) purposes, recording of attendance will be subject to the following policy:

ATTENDANCE POLICY FOR VA STUDENTS

Students using veterans' benefits to attend _____ will have attendance monitored until the time the student drops, graduates, or completes the program. Unsatisfactory attendance will be reported to the DVA even if the VA student has completed the required number of hours to complete and no refund is due the student and/or refund sources. Therefore, the attendance policy (20% of the total program and/or being absent five [5] consecutive days) will apply throughout the student's stay in school. All violations of the attendance policy will be reported to DVA on VA Form 22-1999b within 30 days at such time the student exceeds the allowed number of absences.

I have read, understand, and will comply with this policy for the veteran students certified for GI Bill benefits.

Signature of Authorized School Official

Title

Date

STATEMENT OF ASSURANCES

- The school will offer these non college degree certificate programs by resident attendance.
- The school will not deliver the certificate programs through distance/on-line or correspondence education.
- The school will not offer the certificate program through a 3rd party contractor.
- The requested certificate program will not earn Continuing Education Unit credits.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO CERTIFY THAT THE SCHOOL WILL ADHERE TO THE STATEMENTS OF ASSURANCE IDENTIFIED IN THIS APPLICATION FOR APPROVAL AS A CONDITION OF CONTINUED APPROVAL.

Signature of Authorized School Official

Title

Date