

# APPLICATION FOR CONTINUED APPROVAL OF EDUCATIONAL AND TRAINING PROGRAMS FOR VETERANS' EDUCATIONAL ASSISTANCE, UNDER THE PROVISIONS OF SECTION 1776, TITLE 38, UNITED STATES CODE (USC)

The Workforce Training and Education Coordinating Board has been legally designated to serve as the state agency responsible for the approval of educational and training programs under the provision of the various veterans' educational assistance acts.

This application should be as complete as possible. References to pages in the school catalog or other official publications may constitute responses. If space is inadequate or an item is not fully described in the catalog or brochure, please use separate sheets.

\_\_\_\_\_ NAME OF SCHOOL

\_\_\_\_\_ MAILING ADDRESS

\_\_\_\_\_ PHYSICAL ADDRESS (IF DIFFERENT)

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_

1. Is your school accredited? If so, by which organization? \_\_\_\_\_

2. Is a license or approval from any other federal, state, or municipal agency required for the operation of your institution?  \*YES  NO

**\*If YES, please indicate:**

a. Type of License \_\_\_\_\_

b. Licensing Agency \_\_\_\_\_

c. Licensing Agency's Contact Number \_\_\_\_\_

3. Does the school continue to comply with all local, city, county, municipal, State, and Federal regulations, such as fire codes, building codes, and sanitation codes?  YES  NO

4. Since your last application, have any school owners, officers, principle stockholders, administrators, directors, or instructors ever:

(1) Been involved in bankruptcy?  YES  NO

(2) Been involved in a school or business closure?  YES  NO

(3) Been convicted of violating any law other than minor traffic offences?  YES  NO

(4) Been dismissed for immoral or unprofessional conduct?  YES  NO

(5) Had a license revoked in this or any other state?  YES  NO

If so, please indicate the name of the individual, and the specifics of the case including: date, place, nature of the violation, disposition of the case, and other pertinent information:

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

5. Will tuition, fees, and charges be the same for veterans and non-veterans?  YES  NO

6. What are you requesting approval for? Please check the appropriate boxes below:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (A) New Program   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (B) Program Withdraw  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (C) Program Name Change   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (D) Teach-Out   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (E) Change in Credit/Clock Hours  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (F) Change in School Ownership  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (G) Change in School Location   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (H) Change in School Policies and/or Procedures                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (I) Other. Please explain and attach corresponding documentation: _____ |                              |                             |
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*\*For all approval requests, attach two certified copies of the revised school catalog and/or addendum with "Certified as true and correct in content and policy (signed and dated)" on or near the cover page. Please also attach a catalog analysis form.*

6(A). New Program: Attach Form VA-9 and the program curriculum with descriptions of each course required. Answer the following questions for each program you are requesting approval for.

- a. Program name: \_\_\_\_\_
- b. Is a graduation diploma or certificate issued: YES  NO
- c. Will students earn other industry recognized certificates upon completion?  YES  NO  
If so, which certificates? \_\_\_\_\_
- d. How are you ensuring that your program is meeting industry need and will adequately prepare students to take an entry level job in the corresponding field? \_\_\_\_\_
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6(B). Program Withdraw: List the program to be withdrawn, date and reason:

Program Name: \_\_\_\_\_ Withdraw Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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6(C). Program Name Change: List the program to be changed

Old Program Name: \_\_\_\_\_ New Program Name: \_\_\_\_\_

6(D). Teach-Out: List the program to be taught out, date and reason:

Program Name: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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6(E). Change in Credit/Clock hours: List the old and new hours for the program. Clock  or Credit  hours?

Program Name: \_\_\_\_\_ Old Hours: \_\_\_\_\_ New Hours: \_\_\_\_\_

6(F). Change in Ownership: If ownership is the only change, please attach the following (please contact our office at (360) 709-4627 if other things are changing):

- A formal letter requesting a change of ownership, including a declaration by the new owner that the faculty, students, and program offerings remain essentially the same
- Form VA-9 listing the program(s) that you want to be approved

- VA-ONCE MOU (Memorandum Of Understanding) (fillable document available online)
- Electronic Funds Transfer Authorization form (VA Form 24-0296)
- Designation of Certifying Officials form (VA Form 22-8794)
- Conflicting Interests Certification for Proprietary Schools form (VA Form 22-1919)
- CPA Certified Financial Statement
- Copy of the purchase agreement

6(G). Change in Location:

- A formal letter requesting a change of location, including a declaration by the new owner that the faculty, students, and program offerings remain essentially the same
- A Site Inspection is required before the change in location can be approved. This will be scheduled after confirmation that the package is complete

6(H). Change in Policies and Procedures: Identify the policy/procedure being changed and the reason for the change.

Policy/Procedure: \_\_\_\_\_

Reason for change: \_\_\_\_\_

**I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

\_\_\_\_\_  
**Printed Name of Administrative Official**

\_\_\_\_\_  
**Signature of Administrative Official**

\_\_\_\_\_  
**Date**