



Department of Veterans Affairs

APPLICATION FOR APPROVAL OF ORGANIZATIONS OTHER THAN INSTITUTIONS OF HIGHER LEARNING

PART I: GENERAL INFORMATION

1. TELL US WHAT TYPE OF COURSES YOUR FACILITY PROVIDES AND WISH TO BE APPROVED FOR A VA EDUCATION BENEFITS *(Please select only one option per facility code. If your facility has more than one facility code, please fill out a new application for each facility code.)*

- ☐ **NON-COLLEGE DEGREE.** A vocational, business school or public safety/training academy which offers certificate or diploma programs that do not lead to a standard college degree at the associate level or above. Programs approved at this facility must have a defined vocational objective and be measured in either credit or clock hours. *(Please complete Worksheet A only.)*
- ☐ **VOCATIONAL FLIGHT SCHOOL.** Parts 141 and 142 flight training programs necessary for the attainment of a recognized vocational objective in the field of aviation. *(Please complete Worksheet B only.)*
- ☐ **LICENSE/CERTIFICATION EXAM.** An organization that issues licenses or certifications demonstrating a level of knowledge or skill required to enter into, maintain, or advance in employment and is generally accepted with government, business, or industry standards. *(Please complete Worksheet C only.)*
- ☐ **PREPARATORY COURSES FOR LICENSE/CERTIFICATION.** An organization which offers programs to prepare an individual for a licensing or certification test that is required or used to enter into, maintain, or advance in employment in a predetermined and identified vocation or profession. These facilities do not receive tuition payments directly from the VA and veterans are not paid a monthly housing allowance. Instead, veterans are eligible to submit for tuition reimbursement. *(Please complete Worksheet D only.)*
- ☐ **CORRESPONDENCE SCHOOL.** A program of education exclusively by correspondence, or the correspondence portion of a combination correspondence-residence course leading to a vocational objective, that is offered by an accredited educational institution. *(Please complete Worksheet E only.)*
- ☐ **HIGH SCHOOL.** A public or private secondary school which offers a standard high school diploma as recognized by the state in which the school is operating. *(Please complete Worksheet F only.)*
- ☐ **APPRENTICESHIP OR ON-THE-JOB TRAINING.** A program of apprenticeship as meeting the standards of apprenticeship published by the Secretary of Labor pursuant to the National Apprenticeship Act, or a program of training on the job in which the objective of progression and appointment to the next higher classification is based upon skills learned through organized and supervised training on the job and not on such factors as length of service and normal turnover. *(Please complete Worksheet G only.)*
- ☐ **MULTI-STATE APPRENTICESHIP TRAINING.** Apprenticeship sponsors that have a multi-state apprenticeship program registered and approved by the U.S. Department of Labor's Office of Apprenticeship to operate nationally requesting approval from the SAA with jurisdiction over the state in which the sponsor is headquartered. *(Please complete Worksheet H only.)*

REVIEW OF PROGRAMS - YOU MUST ALSO SUBMIT THE LIST OF PROGRAMS OR EXAMS FOR APPROVAL ON A SEPARATE FORM PROVIDED BY THE STATE APPROVING AGENCY FOR WHICH YOU ARE REQUESTING APPROVAL.

2A. NAME OF ORGANIZATION		2B. VA FACILITY CODE <i>(If known)</i>
3A. PHYSICAL ADDRESS	3B. MAILING ADDRESS <i>(If same, leave blank)</i>	
4. ORGANIZATION WEBSITE ADDRESS		

PART II: INSTITUTION CONTACTS

5A. NAME OF SCHOOL CERTIFYING OFFICIAL <i>(Leave blank for initial application)</i>	5B. SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS <i>(Leave blank for initial application)</i>
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PART III: CERTIFICATION AND SIGNATURE OF AUTHORIZING OFFICIAL

6. **ADDITIONAL DOCUMENTATION** - THE STATE APPROVING AGENCY AND/OR VA MAY REQUIRE ADDITIONAL INFORMATION OR DOCUMENTATION TO PROCESS A FACILITY APPROVAL AND MEET APPLICABLE STATE OR LOCAL LAWS.

I CERTIFY THAT all statements in this application are true and correct to the best of my knowledge and belief.

6A. NAME OF AUTHORIZING OFFICIAL	6B. SIGNATURE OF AUTHORIZING OFFICIAL	6C. DATE SIGNED <i>(MM/DD/YYYY)</i>
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PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any sources other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations, Section 1.526 for routine uses (e.g. VA sends education 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 the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training as identified in the VA System of Records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register.

RESPONDENT BURDEN: The respondent population for this form are educational training institutions that work coordinately with third-party State Approving Agencies. We need this information to determine whether your institution can have programs approved by a State Approving Agency for the purpose of VA Educational Benefits. We estimate that you will need an average of 8 hours 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.

WORKSHEET H - MULTI-STATE APPRENTICESHIP TRAINING FACILITY (VALOR ACT)**PART I OF WORKSHEET H: GENERAL INFORMATION**

REVIEW OF OCCUPATIONS - YOU MUST ALSO SUBMIT OCCUPATIONS FOR APPROVAL ON VA FORM 22-8865 TO THE STATE APPROVING AGENCY FOR WHICH YOU ARE REQUESTING APPROVAL.

1. TELL US WHY YOU ARE SUBMITTING THIS APPLICATION

- ☐ **INITIAL APPLICATION.** This is a request for an initial approval to be designated as an institution with programs eligible for VA education benefit reimbursement.
- ☐ **ADDING NEW OCCUPATION(S).** This is a request for a new occupation to be approved. It must list the various operations for the major kinds of work or tasks to be learned and performed, and the approximate length of time to be spent on each operation or task.

2. IS THE TRAINING ESTABLISHMENT CLASSIFIED AS A NON-FEDERAL APPRENTICESHIP PROGRAM?

☐ YES ☐ NO (If "No," please do not proceed filling out this form.)

3. IS THE APPRENTICESHIP PROGRAM OPERATING IN MORE THAN ONE STATE?

☐ YES ☐ NO (If "No," please do not proceed filling out this form.)

4. DOES THE APPRENTICESHIP PROGRAM(S) MEET THE MINIMUM NATIONAL PROGRAM STANDARDS AS DEVELOPED BY THE U.S. DEPARTMENT OF LABOR?
(A program is considered to satisfy this criterion if the standards are signed by the U.S. Department of Labor's Office of Apprenticeship Administrator.)

☐ YES ☐ NO (If "No," please do not proceed filling out this form.)

PART II OF WORKSHEET H: INFORMATION REGARDING OPERATIONAL STATUS OF THE FACILITY**5. THE INSTITUTION UNDERSTANDS THE FOLLOWING IMPORTANT REQUIREMENTS:**

- The sponsor will forward the following information to the State Approving Agency of jurisdiction:
 - VA Form 22-8865
 - The address on VA Form 22-8865 may be different than the address of the Registered Apprenticeship Program Manager listed in the standards.
 - The wage rate and journeyman wage rate may be left blank.
 - Signed national standards, signed by Administrator, Office of Apprenticeship, Employment and Training Administration.
 - Signed sponsor participation agreement.
 - This also includes sponsors of interstate commerce carrier programs that meet the VALOR requirements.
 - The address for the headquarters in the jurisdiction of the State Approving Agency accepting the approval.
 - *Note: The VALOR Act does not require training or any administrative functions for GI Bill® purposes from the headquarters.*
 - Name of the person(s) responsible for the record keeping and the location of the records.
 - *Note: The person does not have to be located physically at the headquarters, and records do not have to be maintained there.*
- The sponsor facility also agrees to:
 - Utilize DOL's Registered Apprenticeship Partners Information Data System (RAPIDS).
 - Ensure completion of DOL-ETA 671 Form Training Agreement.

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PART III OF WORKSHEET H: FACILITY CERTIFICATION AND ACKNOWLEDGEMENTS**6. THE INSTITUTION CERTIFIES THE FOLLOWING STATEMENTS:**

- The institution is in compliance with all applicable laws and regulations relating to the approval of courses of education.
- During the five-year period preceding the date of this application, the institution has not been subject to, or been party to a contract with any individual or entity that has been subject to:
 - Any adverse administrative or judicial action that's related to the instruction or training, including with respect to the quality of education, provided by the institution or establishment; and resulted in a fine or penalty in an amount equal to or more than five percent of the amount of funding provided to the institution or establishment under Title IV of the Higher Education Act of 1965 for the fiscal year preceding the year in which the application is submitted;
 - Or has not employed an individual or been party to a contract with any individual or entity, that has been convicted of a Federal fraud charge related to the instruction or training provided by the institution or establishment.
- The educational institution or training establishment will include their application materials:
 - A list of individuals who will serve as fully qualified instructors for the course of education, as of the date of the application, and an attestation that such individuals:
 - Have a degree or other training, as appropriate, in the field of the course;
 - Effectively teach the skills offered under the course;
 - Have a demonstrated relevant industry experience in the field of the course;
 - A list of individuals who will serve as career services employees for students enrolled in the course and an attestation that such individuals are skilled at identifying professions in the relevant industry that are in need of new employees to hire, tailoring the course of education to meet market needs, and identifying the employers likely to hire graduate.

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PART IV OF WORKSHEET H: SUBMISSION OF MARKETING MATERIALS

REVIEW OF ADVERTISING AND MARKETING - WITH THIS APPLICATION, YOU MUST ALSO SUBMIT ADVERTISING OR RECRUITING MATERIALS YOUR FACILITY USES THAT ADVERTISES GI BILL OR VETERAN'S BENEFITS. *(Advertising may include but is not limited to: scanned brochures, Internet advertising markups, newspaper inserts, etc.)* THE SAA MAY REQUEST ADDITIONAL INFORMATION OR ADVERTISING SUBMISSIONS.

Additionally:

- Institutions are prohibited from using "GI Bill" in any manner that directly or indirectly implies a relationship affiliation, or endorsement affiliation with the Department of Veterans Affairs.
- Institution agrees to adhere to the VA GI Bill Trademark Terms of Use. If you choose to use the words "GI Bill" in advertising, the trademark symbol "®" should be placed at the upper right corner of the trademarked phrase in the most prominent place at first usage; such as the title of a brochure, form, or the very top of web pages and the following trademark attribution notice must be prominently visible: "GI Bill®" is a registered trademark of the U.S. Department of Veterans Affairs (VA)." More information can be found at [Trademark Terms of Use - Education and Training \(va.gov\)](https://www.va.gov/education/trademark-terms-of-use).

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PART V OF WORKSHEET H: OTHER INFORMATION SUBMITTED

7. REMARKS *(If you need more space, please attach the additional remarks to the application.)*