

Colorado Office of
 Veterans Education & Training
 9101 E. Lowry Boulevard
 Denver, CO 80230
www.cccs.edu/Vets

Application for Revised Approval Accredited Educational Programs

COLORADO OFFICE OF VETERANS EDUCATION & TRAINING

A school desiring to enroll veterans or other eligible persons for veteran's benefits will need to make application for approval of such courses to the Colorado Office of Veterans Education in accordance with the provisions of Title 38, United States Code. This application is designed for those accredited institutions that have been previously approved and are applying for renewal (new catalog/bulletin). *Two (2) certified copies of the catalog/bulletin need to be provided with the application, in addition to other supporting documents including VA Form 22-8794, if changes have been made.*

1. Name of Institution

Address

City

State

Zip Code

2. Contact Person Regarding Approval

3. Telephone Number

Fax Number

E-mail Address

4. Name of Accrediting Agency

5. Date of Current Accreditation

6. Institutional Corporate State: (Check one)

Public

Private for Profit

Private Non-profit

7. Approval for the institution will be based on the information submitted below. Submit two (2) current Bulletins and/or Catalogs.

CATALOG/BULLETIN INFORMATION

Catalog:

Bulletin:

Volume

Number

Pub.Date

School Years Covered

Identify the policy location for the following:

Page/Location

A.. Grading System _____

B. Minimum grades considered satisfactory _____

C. Conditions for interruption of unsatisfactory grades or progress _____

D. Description of probation period, if any _____

E. Conditions for re-entrance, if dismissed for unsatisfactory progress _____

F. Policy statement regarding progress records kept and furnished the student _____

G. Attendance standards (if enforced) _____

H. Policy relating to student standards of conduct and conditions for dismissal _____

I. Policy for reporting previous education and training, that clearly documents appropriate credit has been given for previous education and training, with the training period shortened proportionately..... _____

J. Institutional academic calendar _____

DEGREE/CERTIFICATE PROGRAM INFORMATION

1. Does your school offer Degree Programs _____ Certificate Programs _____ or Both _____?
2. Does your school operate using Credit Hours or Clock Hours? _____
 - a. How many are considered full time for undergraduate certificate programs? _____
 - b. How many are considered full time for undergraduate degree programs? _____
 - c. How many are considered full time for graduate programs? _____
3. Is your school year divided into: Quarters _____ Semesters _____ or Non-Standard Terms _____?

4. Accredited Degree & Graduate Certificate Programs: Please list the degree program majors, emphasis/options areas, concentrations, tracks, teacher certificate and pre-programs requested for approval. Use complete program titles in sequential order from the applicable catalog. Use the following format:

| A | B | C | D | E |
|--------|-------|----------------------------|-----------------------|--------------------------------------|
| Degree | Major | Emphasis/ Concentration | Page(s) In Catalog | Total Length (Credit/Clock Hours) |

DEGREE/CERTIFICATE PROGRAM INFORMATION (CONT.)

5. **Accredited Certificate Programs:** This is where you will list the Certificate/Diploma (Non-Standard College Degree Programs) you want to have approved for the current year.
Please follow the format below for new programs:

| A | B | C | D |
|---------|----------------------------------|--------------|--------------------------------------|
| Program | Emphasis/ Concentration/Track | Ref. Page(s) | Total Length (Credit/Clock Hours) |

DEGREE/CERTIFICATE PROGRAM INFORMATION (CONT.)

6. **Practical Training Courses** to be approved in accordance with V.A. Regulation 21.4265 (Internships, Residency, Practicum, Externship, etc.)

There are two conditions that have to be met in order for a course to be *Practical Training*.

First, it must be required for graduation.

Second, the training must be held off-campus.

- A. If your institution is a post-baccalaureate medical school, is it accredited by The Accreditation Council for Graduate Medical Education or has accreditation been delegated to the appropriate Residency Review Committee? ___ yes ___ no
- B. If your institution is a post-baccalaureate medical school and offers a program in osteopathy, is it accredited by The American Osteopathic Association? ___ yes ___ no
- C. If your institution is a post-baccalaureate medical school and offers a residency in podiatric medicine, has the program been approved by the Council on Podiatry Education of the American Podiatry Association? ___ yes ___ no
- D. If your school offers a program of registered nurse or registered professional nurse, is the program accredited by a nationally recognized accrediting agency or meets the requirements of the Colorado State Nursing Board? ___ yes ___ no
- E. Does your school offer programs in practical nursing, practical trained nursing or licensed practical nursing and the clinical training is offered by an affiliated or cooperating hospital and the program(s) are accredited by a nationally recognized accrediting agency or meets the requirements of the Colorado State Nursing Board? ___ yes ___ no
- F. If your school offers a nurse's aide program, is the program accredited? ___ yes ___ no Does the program meet the licensing requirements of the State? ___ yes ___ no
- G. Does your school offer a clinical pastoral program which is accredited by a nationally recognized accrediting agency? ___ yes ___ no
- H. Does your institution offer an off-campus job experience course, variously described by schools as an internship, residency, practicum or externship? ___ yes ___ no
- a. And is your school accredited by a national or regional accrediting agency? ___ yes ___ no
 - b. Is the practical training a part of the approved curriculum of the school? ___ yes ___ no
 - c. Is the practical training directly supervised by the school? ___ yes ___ no
 - d. Is the practical training measured in the same units as other courses? ___ yes ___ no
 - e. Is the practical training required for graduation? ___ yes ___ no
 - f. Does the practical training have a planned program of activities described in the school's catalog? ___ yes ___ no

PLEASE ANSWER ONLY THE QUESTIONS THAT APPLY TO YOUR SCHOOL.

DEGREE/CERTIFICATE PROGRAM INFORMATION (CONT.)

7. **Independent Study Courses** to be approved in accordance with V.A. Regulation 21.4267 (includes on-line courses).

Note: Accredited NCD schools **cannot** offer independent study/online courses for veterans benefits.

Note: Accredited IHLs can be approved for online/independent study courses for degree programs.

Note: Accredited IHL/NCD institutions can be approved for online/independent study courses for degree and/or certificate programs.

Note: VA will not pay for Remedial/Deficiency/Refresher courses offered online.

A. Does your institution offer standard college degrees? ___ yes ___ no

B. Is your institution accredited by either a nationally or regionally accreditation board? ___ yes ___ no

DEGREE/CERTIFICATE PROGRAM INFORMATION (CONT.)

8. Courses offered at **Subsidiary Branches or Extensions** to be approved in accordance with V.A. Regulation 21.4266/4251.

Note: One of the following conditions must exist:

- Only a small unit of courses is taught, not an entire program. The curriculum is not large enough to allow pursuit on a continuing basis.
- Course offerings at a branch are offered on a temporary basis.
- The branch or extension is located in Colorado and normally is just a classroom location and does not have administrative capability.
- The facilities must be within 55 miles of each other.

If the branch or extension does not meet one of the above conditions, then the branch or extension must be approved as a separate entity.

| A | B | C | D |
|----------|---------------------------|---------------------|------------------------|
| Facility | Address City and State | Telephone Number | Degree(s) Course(s) |

DEGREE/CERTIFICATE PROGRAM INFORMATION (CONT.)

9. **Deficiency Courses** requested for approval.

Note: This section includes remedial, deficiency and refresher courses. Normally they are numbered below 100; for example, ENG090, MTH099, etc.

Deficiency courses: any required secondary level course not previously completed satisfactorily.

Remedial courses: special course designed to overcome a deficiency at the elementary or secondary level.

Refresher courses: a course at the elementary or secondary level to review or update material previously covered in a course that has been satisfactorily completed.

- If your school has previously been approved for Deficiency Courses and you are not adding or deleting courses from this list, indicate below, **"Approve as before."**
- **Remedial / Deficiency / Refresher cannot be approved for online delivery.**

| A | B | C |
|--------|----------------------|--------------------------------|
| Course | Reference Page(s) | Length (Credit/Clock Hours) |

DEGREE/CERTIFICATE PROGRAM INFORMATION (CONT.)

10. **Contract Courses** requested for approval under authority of 21.4233(e).
All or part of the program of education of a school may be provided by another school or entity under contract. Such school or entity actually providing the training must obtain approval of the course from the State approving agency in the State having jurisdiction of that school or entity.

| A | B | C |
|---------------|------------------------------|----------------------------------------|
| Course | Reference Page(s) | Length (Credit/Clock Hours) |

ADDITIONAL REQUIRED DOCUMENTATION

- A. **Two (2)** completed copies of this application form.
- B. **Two (2)** copies of your current **catalog** and **student handbook**, certified as “true and correct in content and policy”, or other publications/brochures which describe school programs, policies, procedures and rules. Catalogs can be submitted in paper or on CD in PDF format only.
- C. **Two (2)** copies of your current **academic calendar**, unless it is a part of the catalog or student handbook, certified “true and correct in content and policy”, signed and dated by the designated official.

CERTIFICATION

I the undersigned, certify that:

- A. I am an officer or official of the institution named in the application, and I make this certification under the authority of the named institution.
- B. The school does not utilize advertising, sales, or enrollment practices of any type which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation;
- C. Notwithstanding any other provision of law, the institution will make available for examination by duly authorized representatives of the government during normal business hours, without prior notice, any records and accounts of the institution pertaining to persons who received education assistance under Title 38, U.S. Code, as well as the records of the other students which are necessary to ascertain that the institution is complying with the requirements of Title 38;
- D. I have read and completed this application for approval under Title 38, U.S. Code, including all statements and materials submitted with the application; and E.
- E. I certify that the answers, statements, and materials submitted as part of the application are, to the best of my knowledge, true and correct in content and policy.

| | |
|------------------------------|-----------------|
| Name of School Official | Position Title |
| Signature of School Official | Date of Signing |