**Date:**

**Name of School/Training Establishment:**

**Facility Code:**

**Main Campus Mailing Address:**

**Main Campus Physical Address:**

**Name of Primary SCO/Title of Primary SCO:**

**Telephone # Alt Telephone #**

**Email Address:**

**Facility Classification: ☐Public ☐Private For Profit ☐Private Non-Profit**

**Accredited: ☐ Yes ☐ No If Yes, list accrediting body:**

This packet is required for the submission of any new program requests, modifications, program schedules, updating school calendars and/or deletions to your existing DVA WEAMS Program Inventory. **All requests for institution and program approval must be submitted to the SAA.**

**Note:** It is your responsibility to ensure all information provided within this document has all current state, industry and/or federal approvals. Your requests will not be processed if we are unable to verify the details

of programs.

* **Accreditation Status**: Any changes in accreditation status must be reported to the SAA immediately.
* **Contracted Courses/Programs**: In accordance with ***38 CFR 21.4233***, both schools and/or training facilities must have approval from the SAA. Please attach a copy of the joint memorandum of understanding or contract with this request.
* **Teach Out**: Must enter the teach-out date in parentheses beside the program name. A copy of the agreement must be submitted to MHEC for review and subsequent approval prior to the effective date of the teach-out. You are not permitted to enroll additional students once the program enters into teach-out status.

**Please check one of the following:**

* I certify the accompanying catalog to be true and correct in content and policy. The course outline/curriculum for the programs on the following page(s) may be found on the page number(s) in the catalog as indicated.
* I certify the accompanying catalog to be true and correct in content and policy. ***I am not submitting any new programs and/or modifications with this catalog***.\*\*

|  |  |
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| Print the Name of Authorized School Certifying Official | |
|  |  |
| Signature of Authorized School Certifying Official | **Date** |

***\*\*You must submit this Catalog Review form, completed in its entirety, every academic year. This includes all Degree and Non-Degree programs along with their related schedules & calendars.***

***Programs not submitted in this format will not be accepted.***

**MARYLAND STATE APPROVING AGENCY**

**CATALOG CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | **PAGE(S)** | **SAA check** |
| The school name as it appears on the application for program review. [38 CFR 21.4253(d); 38 CFR 21.4254 (c)(14)] |  |  |
| Date of publication, volume number or other identifying data. [38 CFR 21.4254(b)(1)] |  |  |
| School’s complete street and/or mailing address, office and fax telephone numbers in its MD location, website address. [38 CFR 21.4253(d); 38 CFR 21.4254 (c)(14)] |  |  |
| Names of the school and its governing body, officials, and faculty. [38 CFR 21.4254(b)(2)] |  |  |
| A calendar of the school showing legal holidays, beginning and ending date of each [quarter](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=52a87249456cc4af71098112fe11e84c&term_occur=1&term_src=Title:38:Chapter:I:Part:21:Subpart:D:Subjgrp:236:21.4254), [term](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d38272e52f61b44bf5fa10f92e52a6d6&term_occur=1&term_src=Title:38:Chapter:I:Part:21:Subpart:D:Subjgrp:236:21.4254), or [semester](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8be5f9ae8250420426a03fce146bfa54&term_occur=1&term_src=Title:38:Chapter:I:Part:21:Subpart:D:Subjgrp:236:21.4254), and other important dates. [38 CFR 21.4254(b)(3)] |  |  |
| School policy and regulations on [enrollment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=5f4d6cc8fc1d62bd6482ca186dcea417&term_occur=1&term_src=Title:38:Chapter:I:Part:21:Subpart:D:Subjgrp:236:21.4254) and with respect to [enrollment](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=5f4d6cc8fc1d62bd6482ca186dcea417&term_occur=2&term_src=Title:38:Chapter:I:Part:21:Subpart:D:Subjgrp:236:21.4254) dates and specific entrance/admissions requirements for each program. [38 CFR 21.4254(b)(4)] |  |  |
| School policy and regulations relative to leave, absences, class cuts, makeup work, tardiness, and interruptions for unsatisfactory [attendance](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=0f9390bd3d1e08a9e01f45bdbe36e2bf&term_occur=1&term_src=Title:38:Chapter:I:Part:21:Subpart:D:Subjgrp:236:21.4254). [38 CFR 21.4253(d)(1); 38 CFR 21.4254(b)(5)] |  |  |
| School policy and regulations relative to standards of progress required of the student. This policy will define the grading system of the school, the minimum grades considered satisfactory conditions for interruption for unsatisfactory grades or progress, and a description of the probationary period, if any, allowed by the school, and conditions of reentrance for those students dismissed for unsatisfactory progress. A statement will be made regarding progress records kept by the school and furnished the student. [38 CFR 21.4253(d)(1); [21.4254(b)(6)] |  |  |
| School policy and regulations relating to student conduct and conditions for dismissal for unsatisfactory conduct. [38 CFR 21.4253(d)(1); 38 CFR 21.4254(b)(7)] |  |  |
| Detailed schedule of fees, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, deposits, and all other charges. [38 CFR 21.4254(b)(8)] |  |  |
| Policy and regulations relative to the refund of the unused portion of tuition, fees, and other charges in the event the student does not enter the course, or withdraws, or is otherwise [discontinued](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=3da45354a349c9fa31c6448759e443a3&term_occur=1&term_src=Title:38:Chapter:I:Part:21:Subpart:D:Subjgrp:236:21.4254) from the enrolled program of study. [38 CFR 21.4254(b)(9)] (Non-accredited institutions and programs are required to have a Pro Rata refund policy) |  |  |
| A description of the available space, facilities, and equipment. [38 CFR 21.4254(b)(10)] |  |  |
| A course outline, including course description, for each program for which approval is requested, showing subjects or units in the course, type of work, or skill to be learned, and approximate time and clock hours to be spent on each subject or unit. [38 CFR 21.4253(d)(1); 38 CFR 21.4254(b)(11)] |  |  |
| Policy and regulations relative to granting credit for previous education and training. [38 CFR 21.4254(b)(13)] |  |  |
| School policy relative to tuition and fee payments that states the institution will not penalize a student while waiting for payment from the Department of Veterans Affairs. [38 U.S.C. 3679] |  |  |

**MARYLAND STATE APPROVING AGENCY**

**Supplemental Document Checklist**

Please use this checklist to ensure you have submitted the required supplemental documents along with the completion of your application. Depending on your type of facility, some information may not be applicable. If any information is not provided, your application may be returned. Please contact us with any questions regarding your requirements.

|  |  |
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|  | **REQUIRED DOCUMENTS** |
|  | Proof of accreditation. (accredited institutions only) [38 CFR 21.4253(a)(1)] |
|  | Copy of business license for the school to operate in the state and up-to-date business license at the time of re-approval, or state approval from higher education authority. |
|  | Copies of school advertising (e.g. brochures, mailers, website) [38 CFR 21.4252(h)(1); 38 CFR 21.4254(c)(10)] |
|  | Proof of financial soundness (e.g. Profit/Loss Statement, Audit, last 2 years) [38 CFR 21.4254(c)(10)] (this requirement is waived for public facilities only) |
|  | Provide description of the available space, facilities and equipment (e.g. floor plan, school map). [38 CFR 21.4254(b)(10)] |
|  | A copy of enrollment agreements or contracts provided to the veteran or eligible student which verifies a copy of the course outline, schedule of tuition, fees, and other charges, regulations pertaining to absences, grading policy, and rules of operation and conduct. (Non-accredited and NCD facilities only) {38 CFR 21.4254©(5)] |
|  | VA Form 22-1919 Conflicting Interest Certification (for proprietary schools only) |
|  | 22-8794 Designation of School Certifying Official (only if there is a change in your SCO’s). |
|  | Statement regarding enrollment limitations (i.e. Maximum number of students authorized, student-teacher ratio). If information is within your catalog/bulletin, please indicate below with page number. If your institution does not have enrollment limitations, please state so below. |

For any information not submitted, please provide an explanation below:

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**TRAINING TYPES**

Does your facility offer the following training types within any of your programs?

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Type** | **Yes** | **No** | **N/A** |
| 1. Cooperative Training (CFR 21.4233; CFR 21.4253; CFR 21.4257) |  |  |  |
| 1. Independent Study (CFR 21.4267) |  |  |  |
| 1. Practical Training (CFR 21.4265) |  |  |  |
| 1. Distance Learning (CFR 21.9505) |  |  |  |

If you have answered yes to any of the training types above, please provide evidence of how this training is offered at your facility. If this information is located with your Catalog/Bulletin, please indicate so below. For definitions of training types, please see [SCO Handbook](https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/554400000001018/content/554400000149088/School-Certifying-Official-Handbook-On-line).

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**NOTE:** If a program is identified as Practical or Cooperative Training, or Independent Study the SAA will request/require additional information to verify the program is eligible based on the appropriate CFR.

**Practical training (**[**38 CFR 21.4265**](https://www.law.cornell.edu/cfr/text/38/21.4265)**):**Academic training that includes actual job experience. Practical training courses are considered to be resident training. Some practical training is measured in clock   hours (medical residency, for example) and some practical training is measured in credit hours. When practical training is measured in credit by a school, the school can certify the course as credit or as clock hours, whichever is to the student’s advantage.

**Cooperative training (**[**38 CFR 21.4253; 38 CFR 21.4257**](https://www.law.cornell.edu/cfr/text/38/21.4233#a)**; 38 CFR 4233): C**olleges and universities are increasingly offering work experience or work internship programs. VA uses the term cooperative training (co-op) to denote school-sponsored programs that consist of school instruction and on-the-job (OJT) training. For example, a community college may offer an A.A.S. Automotive Technology degree with coursework at the college and OJT at a car dealership. Like all programs, co-op programs must be specifically approved by these. Cooperative training, like some forms of practical training (see Practical Training and Training Time), can be certified by credit or by clock hours, whichever is to the student’s advantage. Examples: A student takes 12 credits at the college one quarter and 6 credits OJT (40 clock hours) at a place of business the next quarter. The student is certified 12 credits the first quarter and 40 clock hours the second quarter. The student is full-time both quarters. A course or subject offered without any regularly scheduled, conventional classroom or laboratory sessions. A provision for interaction exists which may be either by mail, telephone, videoconferencing, computer technology (to include electronic mail), or personally between the eligible individual and the regularly employed faculty of the university or college. For VA purposes, such courses or subjects must be accredited and lead to a standard college degree; a certificate that reflects educational attainment offered by an institution of higher learning; or a certificate that reflects completion of a course of study offered by an area career and technical education school or a postsecondary vocational institution. A specific approval of these courses by the State Approving Agency is required for VA benefits to be authorized.

**Independent Study (**[**38 CFR 21.4267**](https://www.law.cornell.edu/cfr/text/38/21.4267)**):**A course or subject offered without any regularly scheduled, conventional classroom or laboratory sessions. A provision for interaction exists which may be either by mail, telephone, videoconferencing, computer technology (to include electronic mail), or personally between the eligible individual and the regularly employed faculty of the university or college. For VA purposes, such courses or subjects must be accredited and lead to a standard college degree; a certificate that reflects educational attainment offered by an institution of higher learning; or a certificate that reflects completion of a course of study offered by an area career and technical education school or a postsecondary vocational institution. A specific approval of these courses by the State Approving Agency is required for VA benefits to be authorized.

**Distance Learning (**[**20 U.S.C. 1003(7)**](https://www.law.cornell.edu/uscode/text/20/1003#7)**):** training which uses one or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously. For the purpose of distance learning technologies include: Web- based learning One-way and two-way transmissions through open broadcast, cable, microwave, broadband lines, fiber optics or satellite Audio conferencing or other forms of wireless communications devices

**ATTESTATION STATEMENTS**

I, the undersigned, certify that:

1. The institution’s owners, administrators, directors, and instructors are of good reputation and character. [reference: [38 CFR 21.4254](https://www.law.cornell.edu/cfr/text/38/21.4254)]
2. The education and experience qualifications of directors, administrators, and instructors are adequate. [reference: [38 CFR 21.4253](https://www.law.cornell.edu/cfr/text/38/21.4253); [38 CFR 21.4254](https://www.law.cornell.edu/cfr/text/38/21.4254)]
3. The facility is financially sound/capable of fulfilling its training commitment. [reference: [38 CFR 21.4254](https://www.law.cornell.edu/cfr/text/38/21.4254)]
4. The equipment and instructional material is adequate, and that the instructor personnel can provide training of good quality. [reference: [38 CFR 21.4253](https://www.law.cornell.edu/cfr/text/38/21.4253); [38 CFR 21.4254](https://www.law.cornell.edu/cfr/text/38/21.4254)]
5. The facility has and abides by its Standards of Conduct and Attendance polices as stated in its catalog/bulletin. [reference: [38 CFR 4254](https://www.law.cornell.edu/cfr/text/38/21.4254)]
6. The facility does not use does not use erroneous, deceptive, or misleading practices or advertising {reference: [38 CFR 21.4252](https://www.law.cornell.edu/cfr/text/38/21.4252)]
7. A certificate of completion (i.e. degree, diploma) will be provided upon successful completion of training. [reference: [38 CFR 4254](https://www.law.cornell.edu/cfr/text/38/21.4254)]
8. I certify the accompanying catalog/bulletin and all supplemental documentation submitted with this application to be true and correct in content and policy.

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| Name: |  | Title: |  |
| Signature: |  | Date |  |

**SAA REVIEW ONLY**

I, the below signed, certify that I have reviewed and verified all statements above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARYLAND STATE APPROVING AGENCY**

**APPROVED PROGRAM LIST**

Please use this form to indicate those **approved** programs that require **no** changes and should remain in the Web Enabled Approval Management System (WEAMS). For programs being added, revised, or withdrawn, please complete the “State Approving Agency Program Review Form” for each program (Page 9). You may submit multiple pages or your own supplemental document in lieu of this form. **Note:** Approved programs are only programs that appear on your VA Form 22-1998.

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| --- | --- | --- | --- | --- |
| **Credential** | **Program Name (As listed in WEAMS)** | **Modality (Online, Resident, Both)** | **If applicable, training type (Practical, Cooperative, Independent Study) \*Review** [**SCO Handbook**](https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/554400000001018/content/554400000149088/School-Certifying-Official-Handbook-On-line) **for definitions of training types. If none, indicate N/A.** | **Page Number in Catalog** |
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| **Institution Teaching Locations**   * **List the main campus and all additional teaching locations** * **Ensure each location is an official approved location with MHEC and/or your accreditation agency** | |
| *Main* | **Institution Name**  **Main Campus**:  Street Address  City, MD Z/C |
| Branch |  |
| Branch |  |
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***These locations must be listed within your current student catalog and/or handbook.***

**STATE APPROVING AGENCY PROGRAM REVIEW FORM**

***Please complete ONE form for each program***

*If applicable, ensure that the program has been reviewed and approved by the Secretary of the Maryland Higher Education Commission.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REQUESTED CHANGE** | Adding new program  Withdrawing previously-approved program  Changing program name  Changing program length  Teach-Out (TO)  Other (explain below) | | | | | |
| **IF PROGRAM CHANGE, TO OR “OTHER”, EXPLAIN** |  | | | | | |
| **PROPOSED**  **PROGRAM NAME** |  | | **CURRENT PROGRAM NAME** |  | | |
| **CREDENTIAL** | Choose an item. | **EDUCATION TYPE** | Choose an item. | **TOTAL CREDIT/CLOCK HOURS** | |  |
| **EFFECTIVE DATE OF CHANGE** |  | **FULL-TIME MODIFIER** |  | **CATALOG LOCATION (page number)** | |  |
| **TRAINING TYPE\* (indicate all that apply)** | Cooperative Training Practical Training  Independent Study  Contracted Training | | **TRAINING MODALITY (indicate all that apply)** | | Resident  Distance Learning (Online)  Hybrid | |
| **LOCATION OF INSTRUCTION** | Main Campus  Other | If “Other”, please provide address of that location and explain: | | | | |
| **NON COLLEGE DEGREE PROGRAMS ONLY** | What is the total number of classroom hours?  What is the total number of practical training hours (includes internship/externship)?  What are the clock hours per week?  Please provide the tuition and mandatory fees (itemized):  Please attach course schedules with program start and end dates:  Note: A supplemental document can be submitted with your application to complete this section. | | | | | |

***Please make additional copies as needed***

***Flight Training/Public Safety Training must attach a program summary form***

***\*If a training type is selected, you will need to provide evidence for approval of new programs and modifications. See*** [***SCO Handbook***](https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/554400000001018/content/554400000149088/School-Certifying-Official-Handbook-On-line) ***for requirements of these training types.***

**INSTITUTIONS OF HIGHER LEARNING (IHL ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **IHL ACADEMIC CALENDAR – DEGREE PROGRAMS**  **START & END DATES FOR EACH SEMESTER/QUARTER SEMESTER**  **(SEMESTERS AND/OR OFF-CYCLE DATES)** | | | |
| **Semester** | **Start Date** | **End Date** | **Drop Deadline** |
| ***i.e. Fall, Winter, Spring, Summer I/Summer II*** | ***01/03/2017*** | ***01/24/2017*** | ***01/06/2017*** |
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| **CONTINUING EDUCATION/NON-DEGREE (NCD) CLOCK HOUR PROGRAMS ONLY**  **START & END DATES FOR EACH TRAINING PERIOD**  **(SEMESTERS, MODULES AND/OR OFF-CYCLE DATES)** | | | |
| **Modules/Units** | **Start Date** | **End Date** | **Break/Holidays** |
| ***i.e. CNA Module 1, Module 2, etc.*** | ***01/03/2017*** | ***01/24/2017*** | ***Christmas 12/25/19***  ***Spring Break 4/1 – 4/5/19*** |
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| **IHL HOLIDAY OR BREAK SCHEDULE**  **MUST SUBMIT WITH EACH CATALOG** | | | |
| **REASON FOR HOLIDAY/BREAK** | **Start Date** | **End Date** | **Total number of days (calendar days)** |
| ***i.e. Spring Break*** | ***March 1, 2017*** | ***March 8, 2017*** | ***8*** |
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**NON-COLLEGE DEGREE INSTITUTIONS ONLY:**

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| **NCD ACADEMIC CALENDAR – NON-DEGREE CLOCK HOUR ONLY PROGRAMS**  **START & END DATES FOR EACH TRAINING PERIOD**  **(SEMESTERS, MODULES AND/OR OFF-CYCLE DATES)** | | | |
| **Modules/Units** | **Start Date** | **End Date** | **Break/Holidays** |
| ***i.e. CNA Module 1, Module 2, etc.*** | ***01/03/2017*** | ***01/24/2017*** | ***Christmas 12/25/19***  ***Spring Break 4/1 – 4/5/19*** |
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***(Make additional copies if needed)***

**LIST OF SECONDARY SCHOOL CERTIFYING OFFICIALS**

**\*\* Please do not list SCOs that have not been approved by the Department of Veterans Affairs**

**New SCO must complete the** [**VA Form 22-8794**](file:///C:/Users/tmccown/Downloads/SAA%20OJT%20APPR%20FORMS%202016/VBA-22-8794-ARE-DESIGNATION%20OF%20SCO.pdf)

***All SCOs must complete the annual online training requirements and maintain access to VA-ONCE and other VA Systems as required.***

**Name of Primary SCO/Job Title of Primary SCO:**

**Tel. #**

**Email Address:**

**Add to MHEC SAA Listserv YES or NO**

**Requires VA-ONCE System Access YES or NO**

**Name of Secondary SCO/Title of Secondary SCO:**

**Tel. #**

**Email Address:**

**Add to MHEC SAA Listserv YES or NO**

**Requires VA-ONCE System Access YES or NO**

**MANDATORY:**

**Name of Director/Immediate Manager/Supervisor of SCO:**

**Job Title:**

**Tel. #**

**Email Address:**

***We encourage you to use a generic email address (i.e.*** [***veterans@yourschool.edu***](mailto:veterans@yourschool.edu)***) to ensure you are receiving all state and federal communications timely.***

Federal regulations mandate all institutions and/or training establishments wishing to enroll Veterans and others eligible beneficiaries to submit two copies of their most recent catalog or bulletin with its application [38 CFR 21.4253(d) and 21.4252(b)].

It is preferred that you submit your application electronically with a pdf copy of your catalog. If you send a hard copy of your application, please include a thumb drive with a pdf copy of the catalog. - **We do not accept website links**.

This application and its supporting documents may be submitted to the following:

Maryland State Approving Agency

Maryland Higher Education Commission (MHEC)

6 N. Liberty Street, 10th Floor, Baltimore, Maryland 21201

General Email - [vaeducationbenefits.mhec@maryland.gov](mailto:vaeducationbenefits.mhec@maryland.gov)