



Certification Application Form for Non –Degree Schools

I. General Information *(Each branch operating in Virginia must certify separately. If operating multiple branches under the same legal name, a fee will be assessed for each branch.)*

School Name:					Date:		
Virginia Address:							
Regional Location of School	<input type="checkbox"/> Central VA	<input type="checkbox"/> Tidewater	<input type="checkbox"/> Northern Neck	<input type="checkbox"/> Northern VA	<input type="checkbox"/> Valley	<input type="checkbox"/> Western VA	
	<input type="checkbox"/> Southwest VA	<input type="checkbox"/> Southside	<input type="checkbox"/> Tidewater				
City:			State:			ZIP Code:	County:
School Phone:	()		School Fax:	()			
Contact Person:							
	<i>First</i>		<i>Last</i>		<i>Title</i>		
Virginia Contact Address:							
City:			State:			ZIP Code:	
Phone Number:	()		Fax Number:	()			
Contact Email:			School Website				
Chief Executive Officer:					Title:		

II. School Type *(based on state of incorporation)*

33	Out-of-State, Non-Degree	<input type="checkbox"/>	43	In-State, Non-Degree	<input type="checkbox"/>
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III. Accreditation Information *(if applicable)*

Accredited : Yes		<input type="checkbox"/>	Name of Accrediting Institution:	
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Accredited : No	<input type="checkbox"/>	Actual or anticipated date of initial accreditation award	
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IV. Ownership Information

Legal Name (<i>corporate or other</i>) of School:			
Legal Name (<i>corporate or other</i>) of School owners:			
Legal Address: ()		Phone Number: ()	
Ownership Contact Person:		Email:	
Phone Number: ()	Fax Number: ()	Federal Tax ID #	-

Type of Ownership-Check one

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation

Provide documentation to verify type of ownership

Check one

<input type="checkbox"/> For Profit	<input type="checkbox"/> Non Profit
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Provide documentation to verify proprietary or nonprofit designation

Date the postsecondary school obtained its certificate of authority to transact business in the Commonwealth of Virginia. Provide a copy the Certificate of Assumed or Fictitious Name form (CC-1050) on file in the office of the clerk of the court in the county or city wherein the business is to be conducted. Instructions for completing the CC-1050 form can be found online here: http://courts.state.va.us/forms/circuit/cc1050inst.pdf	
Date institution was chartered or authorized to transact business in Virginia, if applicable. (<i>attach a copy of most current Virginia State Corporation Commission approval notification</i>)	
Date Out-of-State institution was granted authorization to operate from state where main campus is located (<i>attach a copy of the state authorization document, if applicable</i>)	
If the postsecondary school will maintain a nonprofit designation, attach a copy of the most recent IRS nonprofit organization approval letter.	

V. Fees

A company check, certified bank check or money order, in the correct, non-refundable amount, made payable to the Treasurer of Virginia, must accompany this application.

Initial Application Fee

Career-Technical Schools : 2,500.00

VI. Surety (submit when advised by SCHEV to do so)

Complete and return the **IC Surety Instrument Calculation Form**, which determines the amount of the institution's required surety. Attach the original transacted surety bond form or clean irrevocable line of credit. The surety is based on the non-Title IV funds, which have been received from students or agencies for which the education has not yet been delivered. Institutions certified to operate in Virginia for five calendar years or more shall be exempt from the surety instrument requirement if they can demonstrate a U.S. Department of Education composite financial responsibility score of 1.5 or greater on their current financial statement.

VII. Enrollment Data and Other Statistical Reporting

A. New Non-Degree School Enrollment Data

Estimated Annual Enrollment: _____

Number of Students per Program: _____

B. Credentials to be offered

Certificate

Diploma

Other: _____

SCHEV Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____

Comments: