



## **Electronic Access Conference** **2000 GET CONNECTED**



We Help Put America  
Through School

## Student Financial Assistance

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Electronic Access Conference  
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# Updating Your Eligibility Status



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Through School

# ***Institutional Eligibility Applications***

- Recertification
- Change in Ownership
- Initial Eligibility
- Reinstatement
- Updates



# ***Recertification***

Submit a materially complete full application at least 90 days in advance of the expiration of your Program Participation Agreement (PPA)

## ***Change in Ownership***

- Change of ownership or structure that results in a change of control
- Must notify the Department with 10 days of the date of the change.
- If school wishes to apply for a continuation of its current PPA, we must receive a materially complete application with 10 business days of the change.



# ***Update? What's an Update?***

- New Location
- New Program (outside the scope)
- New Level of Offering
- Short Term Program
- Apply to Participate in an Additional Title IV Program



## ***More Updates - Report these within 10 days***

- Address Change
- Name Change
- New Official
- New Board of Directors
- Change of Phone Number



## ***More Updates - Report these within 10 days***

- Change Accreditor -tell us when you begin the change
- Change in State Authorization
- Change of Educational Measurement
- Third Party Servicer







# ***Where Do You Find the Application?***

The Application for Approval to Participate in Federal Student Financial Aid Programs can be found at:

***[www.eligcert.ed.gov](http://www.eligcert.ed.gov)***



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# ***What Do You Need to Get Started?***

- Internet Access
- Web Browser
- User Ids
  - 8-digit OPEID number
  - 9-digit Taxpayer Identification Number



# *Features of the EAPP*

- Many Questions are Prepopulated
- Edit Checks
- Status Messages
- Help Text

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help



# Application for Approval to Participate in Federal Student Financial Aid Programs

Case Management and Oversight, U.S. Department of Education

## Index

This application may be used by postsecondary institutions wishing to apply for designation as an eligible institution, initial participation, recertification, reinstatement, or change in ownership or to update a current approval.

### Case Team Contacts

Welcome to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Introduction to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

### HELP

Additional help to assist you in completing the electronic application

### Section A

- Questions 1-9
- Questions 10-12
- Questions 13-14

General questions

CEO, chief financial officer, and financial aid director

Correspondence recipient and application contact

### Officials

Welcome

Introduction

Help

Document Done

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

**Section B**

Questions 15-16 *Accreditation and flight certification*

Question 17 *State authorization*

**Section C**

Questions 18-21 *Institutional control and structure*

**Section D**

Questions 22-24 *For-profit institutions*

Question 25 *Other entities owned*

**Section E**

Question 26 *Education programs that you are requesting be eligible to participate in federal student financial aid programs*

Question 27 *Ineligible institution agreements*

Question 28

**Section F**

Questions 29-30 *School locations*

**Section G**

Questions 31-34 *Tele/corr courses, ability-to-benefit students, and incarcerated students*

**Section H**

Questions 35-40 *Initial applications, reinstatements, and structure*

**Section I**

Questions 41-46 *Foreign institutions*

**Accreditation**

**State Authorization**

**Add programs**

**Add location**

**New Title IV program**

Document Done

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

<b>Section I</b>	
<u>Questions 41-46</u>	<i>Foreign institutions</i>
<u>Questions 47-57</u>	<i>Foreign graduate medical schools</i>
<b>Section J</b>	
<u>Question 58</u>	<i>Third-party servicers</i>
<b>Section K</b>	
<u>Questions 59-70</u>	<i>Administrative capability and financial responsibility</i>
<b>Section L</b>	<i>Please have the appropriate person in authority review, sign, and date this document</i>
<b>Section M</b>	<i>A list of documents which must be sent separately to ED</i>
<b>Submit Application</b>	<i>After you have completed all of the necessary sections of the application, you must click here to submit the application to ED</i>
<u>Application Status</u>	<i>Check on the status of your application</i>
<u>Glossary</u>	<i>Words and phrases used in the "Application for Approval to Participate in Federal Student Financial Aid Programs"</i>
<u>Listing for Question 15</u>	<i>Recognized Accrediting Agencies</i>
<u>Listing for Question 27</u>	<i>Classification of Instructional Program (CIP) Codes</i>

Third Party Servicer

Supporting Documents

Status

Document Done

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

[Application Status](#) *Check on the status of your application*

[Glossary](#) *Words and phrases used in the "Application for Approval to Participate in Federal Student Financial Aid Programs"*

[Listing for Question 15](#) *Recognized Accrediting Agencies*

[Listing for Question 27](#) *Classification of Instructional Program (CIP) Codes*

[Privacy Act Disclosure Notice](#)

[Application in PDF format](#) *This application is available in Portable Document Format (PDF), which preserves the original typeface and layout of documents. In order to read, navigate, and print PDF files you will need the Adobe Acrobat reader; if you do not have Acrobat, you may download a free copy from [Adobe Systems](#).*


[Initial Applicants](#) *Instructions for schools that have never applied for Title IV certification*

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OMB No. 1845-0012 Exp. Date 09/30/2002

[Department of Education](#)  
Regional Office Building 3 (ROB-3)  
7th and D Streets, SW  
Washington, DC 20202

[Information for Financial Aid Professionals \(IFAP\)](#)

 Questions and comments should be sent to [IP0S@ed.gov](mailto:IP0S@ed.gov)

Document Done

Index for Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

**Welcome**

**Introduction**

**Help**

**Section A**

Questions 1-9

Questions 10-12

Questions 13-14

**Section B**

Questions 15-16

Question 17

**Section C**

Questions 18-21

**Section D**

Questions 22-24

Question 25

**Section E**

Question 26

Welcome to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Introduction to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Additional help to assist you in completing the electronic application

General que  
CEO, chief  
Corresponde

Accreditation  
State authorization

Institutional control and structure

For-profit institutions  
Other entities owned

Education programs that you are requesting be eligible to participate in federal student

**Username and Password Required**

Enter username for edrealm at eapp:

User Name:

Password:

OK Cancel

8-digit OPEID Number

9-digit Taxpayer Identification No.

Connect: Please enter password for host...



***You must always select a purpose.  
Select update, then click on the▼ (down arrow).***

E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 044444400 School Name: Test School Number Four  
No application has been started. 4321 Main Street  
Fairfax, VA

---

**Section A. Please answer these general questions.**

1. Tell us why you are submitting the application. (You may check more than one box.)

- ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
- ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
  - ☐ Check here if requesting a preacquisition review.
- ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
- ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
- ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
- ☒ **Update Information.** The purpose of this application is to update information about the institution.  
If you check "Update Information," please select at least one purpose from the pick lists below.

▼  
▼

Document: Done

***Choose the purpose from the choices in the picklist***

[illegible]

# Choose the appropriate action

E-App Section A. - Netscape

File Edit View Go Communicator Help

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If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

---

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

---

**Where do you want to go next?**

- ☐ Redisplay page to enter more merger records.
- ☐ Redisplay this page
- ☐ Continue to Section A page 2
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

or

Document: Done

Everything's OK

Ignore the edit  
& keep going

Just looking

# Select the section you want to go to next

E-App Section A. - Netscape

File Edit View Go Communicator Help

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

**Where do you want to go next?**

- ☐ Redisplay page to enter more merger records.
- ☐ Redisplay this page
- ☐ Continue to Section A page 2
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

or

Document: Done

E-App Section F. - Netscape

File Edit View Go Communicator Help

Foreign Province Country Postal Code

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:

- It is a location where students could complete 50% or more of an educational program that you offer during the current award year.
- or
- It is a location where students could complete at least 50% of an educational program over a two-year period (consisting of the current award year and the most recently completed award year).
- or
- It is a location where you provide any educational programs if, during the past two-year period (consisting of the current award year and the most recently completed award year), you told students that they could complete at least 50% of any educational programs there.

**Update/review**

	Need More Info	Approved	OPE ID	Location Name	City and State	End Date
<a href="#">Update/Review Location</a>		Yes	04444401	Test School Number Four - Arlington Campus	Arlington, VA	

[Click here to add a location.](#) **Click here**

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

http://eapp/eapp/owa/q30?ope=044444&loc=

**NEW!**

## **Enhancement to PP for Updates**

If the school chooses only one purpose, continue to next page, will take you directly to the page you want to go instead of you having to put in the appropriate section.





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***Enter information about the new location here***

**E-App Section F. - Netscape** File Edit View Go Communicator Help

**Section F** (page 2 of 2) [Help](#)      **OPE ID:** 044444400      **School Name:** Test School Number Four  
Your Additional Location application has NOT been submitted.      4321 Main Street  
Fairfax, VA

---

**30. Name of Location**

Test School Number Four -

**Business street address**

**City**      **County**

**State**      **Zip**      **Zip+4**

-

**Foreign Province**      **Country**      **Postal Code**

**OPE ID**      **DUNS number (Optional)**

(If you do not have a DUNS number, you can contact Dun & Bradstreet at 1-800-333-0505 to have a number assigned.)

**Would you like to receive mailings from the Department at this location?**

☐ Yes      ☐ No

☐ Check here if the mailing address is different from the address above, and provide the mailing address below.

Document Done

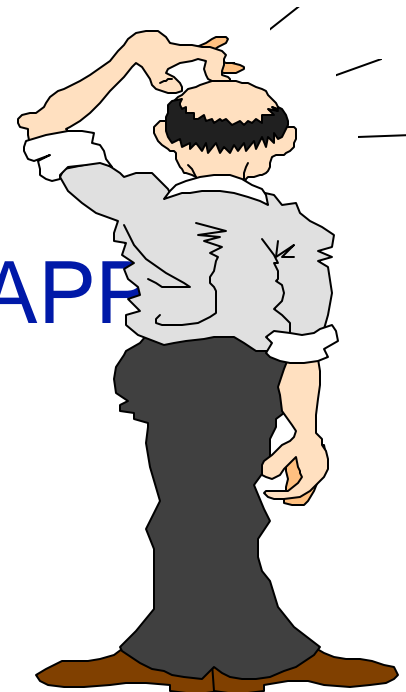




Electronic Access Conference  
2000 GET CONNECTED

# *Have you ever wondered how do I submit a recertification application?*

- No problem -- just use the EAPR
- It's a Snap



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**Section F** (page 2 of 2) [Help](#)**OPE ID:** 044444400**School Name:**

Test School Number Four

Your Additional Location  
application has NOT been submitted.

4321 Main Street  
Fairfax, VA

**30. Name of Location****Business street address****City****County****State****Zip****Zip+4****Foreign Province****Country****Postal Code****OPE ID DUNS number (Optional)**

(If you do not have a DUNS number, you can contact Dun & Bradstreet at 1-800-333-0505 to have a number assigned.)

**Would you like to receive mailings from the Department at this location?**☒ **Yes**☐ **No**

☐ Check here if the mailing address is different from the address above, and provide the mailing address below.

E-App Section F. - Netscape

File Edit View Go Communicator Help

Would you like to receive mailings from the Department at this location?

☒ Yes ☐ No

☒ Check here if the mailing address is different from the address above, and provide the mailing address below.

Mailing address

PO Box 123

City

Alexandria

State Zip Zip+4

VA 22111 - 1123

Foreign Province Country Postal Code

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

☒ Check here if you are satisfied with your entries on this page.

Document Done

E-App Section F. - Netscape

File Edit View Go Communicator Help

Would you like to receive mailings from the Department at this location?

☒ Yes ☐ No

☒ Check here if the mailing address is different from the address above, and provide the mailing address below.

Mailing address

P.O. Box 123

City

Alexandria

State Zip Zip+4

VA 22111 - 1123

Foreign Province Country Postal Code

☐ Check here to delete this Location.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

☒ Check here if you are satisfied with your entries on this page.

Document Done

If you added it,  
You can delete it

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

**Where do you want to go next?**

- ☐ Return to Section F
- ☐ Add another location
- ☐ Display next location
- ☐ Continue to Section G
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

Go to the  
signature page

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

OK/Save Data

or

Restore Original Values

E-App Section L - Netscape

File Edit View Go Communicator Help

**Section L** (page 1 of 1) [Help](#)      **OPE ID:** 04444400      **School Name:** Test School Number Four

Your Additional Location  
application has NOT been submitted.      4321 Main Street  
Fairfax, VA

---

**Section L. Please have the appropriate person in authority review, sign, and date this document.**

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date  
 (mm/dd/yyyy format)

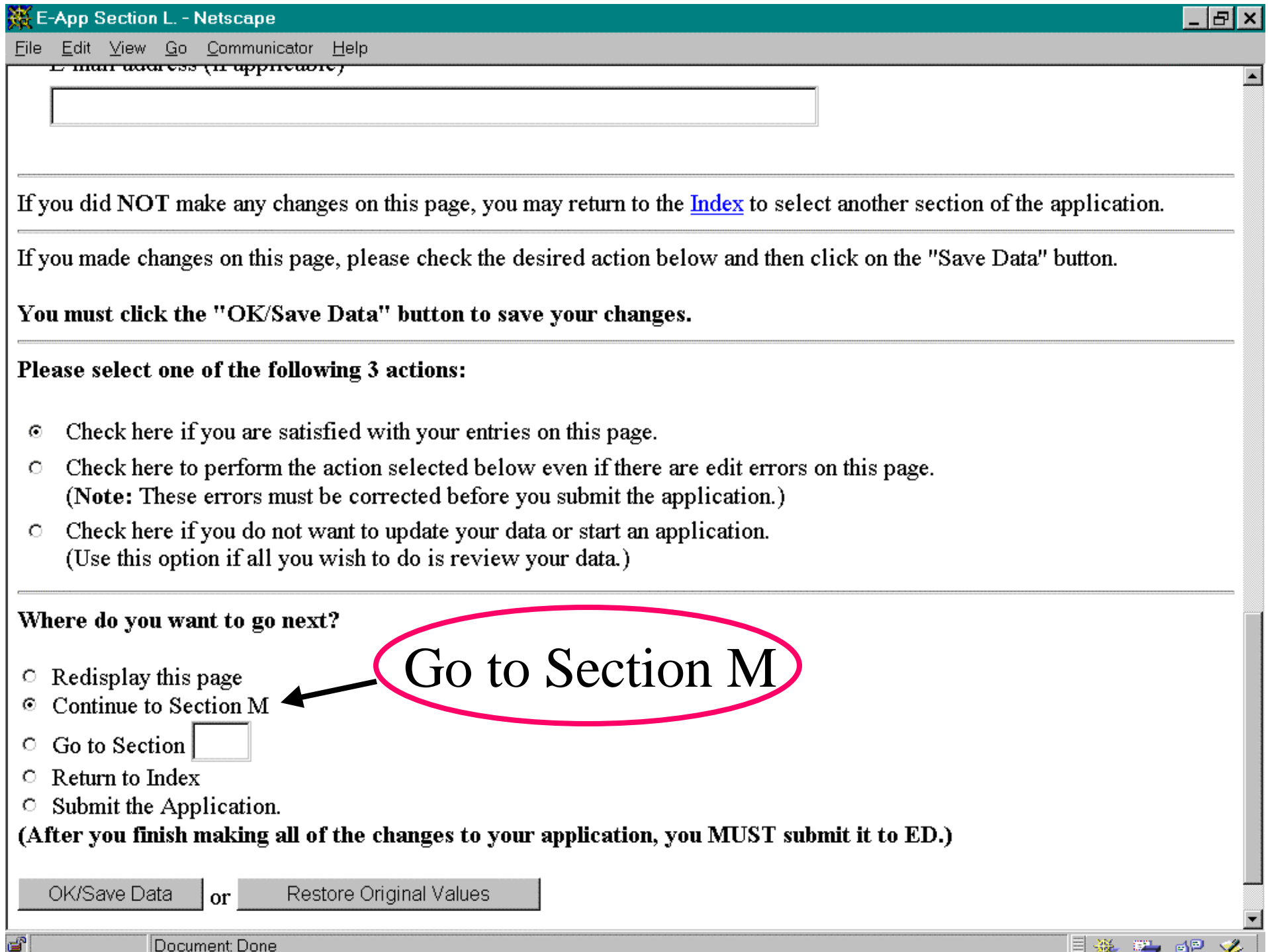
Name of institution  
**Test School Number Four**

Name of President/CEO/Chancellor  
☒ Check here if this is the same person as in Question 10 (Mr. George A. Washington). If not, complete the information below.

Prefix	First name	MI	Last name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Document Done

Check, if president signs the app and print page



# Section M tells you what documents to mail

**E-App Section M. - Netscape**

File Edit View Go Communicator Help

**Section M (page 1 of )** [Help](#) **OPE ID: 044444400** **School Name:** Test School Number Four  
Your Additional Location application has NOT been submitted. 4321 Main Street  
Fairfax, VA

---

**Section M. Please include copies of appropriate documents as part of your application.**

Because Test School Number Four has been designated as a Proprietary institution on this application, and because this application is for Additional Location, the following documents must be submitted in order to complete this application.

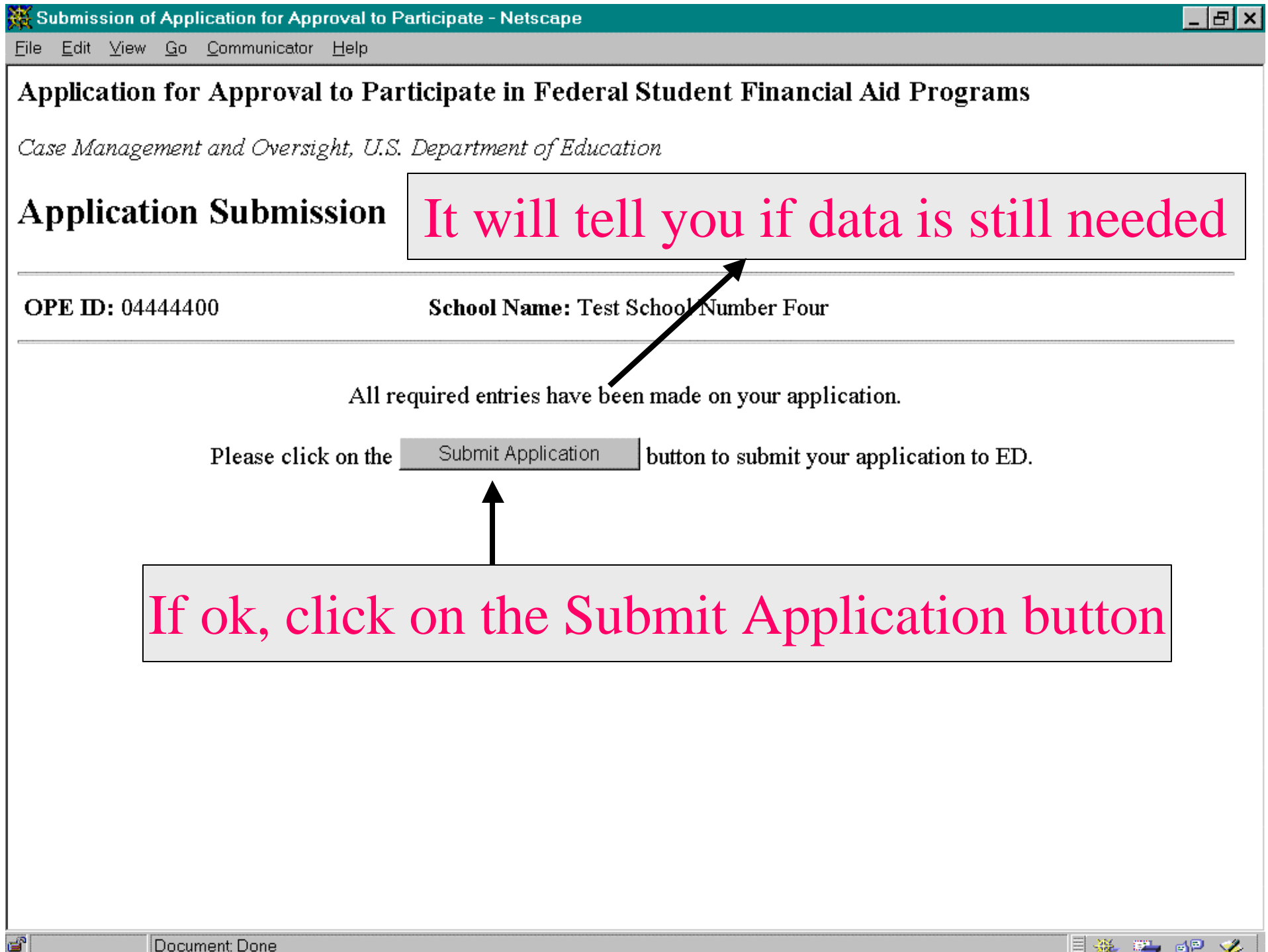
- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation
- Valid state license or other authorization

**Next, click on the Application submission page hot link!**

If you are finished with your application, use the [Application Submission page](#) to submit it or return to Electronic Application [Index](#) to access another section of the Application.

Document: Done





## Application for Approval to Participate in Federal Student Financial Aid Programs

*Case Management and Oversight, U.S. Department of Education*

### Application Submission

It will tell you if data is still needed

OPE ID: 04444400

School Name: Test School Number Four

All required entries have been made on your application.

Please click on the Submit Application button to submit your application to ED.

If ok, click on the Submit Application button

***Gives you a receipt and  
address to mail supporting docs***

Submission of Application for Approval to Participate - Netscape

File Edit View Go Communicator Help

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## Application Submission

---

OPE ID: 04444400      School Name: Test School Number Four

---

**Receipt** → Your application has been received by the Department of Education.  
06/26/2000 10:17 p.m. Eastern Time

Refer to [Section M](#) for a list of all supporting documentation REQUIRED for this application which MUST be sent to ED separately.

Send the signature page ([Section L](#)) and copies of required supporting documents to us.

If by U.S. Postal Service:

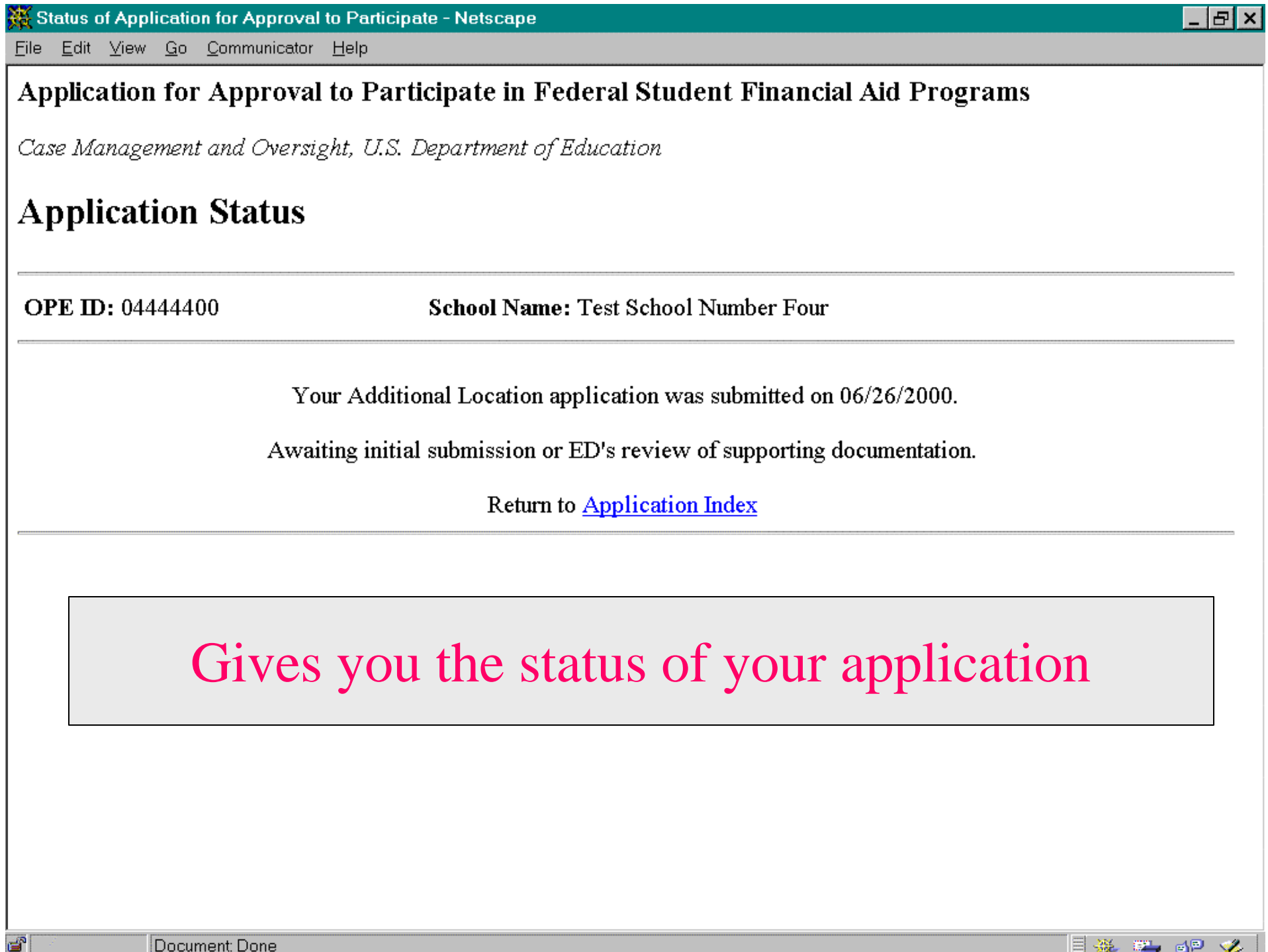
U.S. Department of Education  
Case Management and Oversight  
P.O. Box 44805  
L'Enfant Plaza Station  
Washington, DC 20026-4805

If by commercial overnight mail/courier delivery:

U.S. Department of Education  
Case Management and Oversight  
Room 3514  
7th and D Streets, SW-GSA Building  
Washington, DC 20407

← Choice of addresses

Document Done



## ***Add a new program (nondegree/vocational)***

- Go to Section A - Question 1 (Purpose)
- Select “Nondegree Program”
- Go to Section E - Question 27
- Enter New Program
- Go to Section L - President’s signature



E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 044444400 School Name: Test School Number Four  
No application has been started. 4321 Main Street  
Fairfax, VA

---

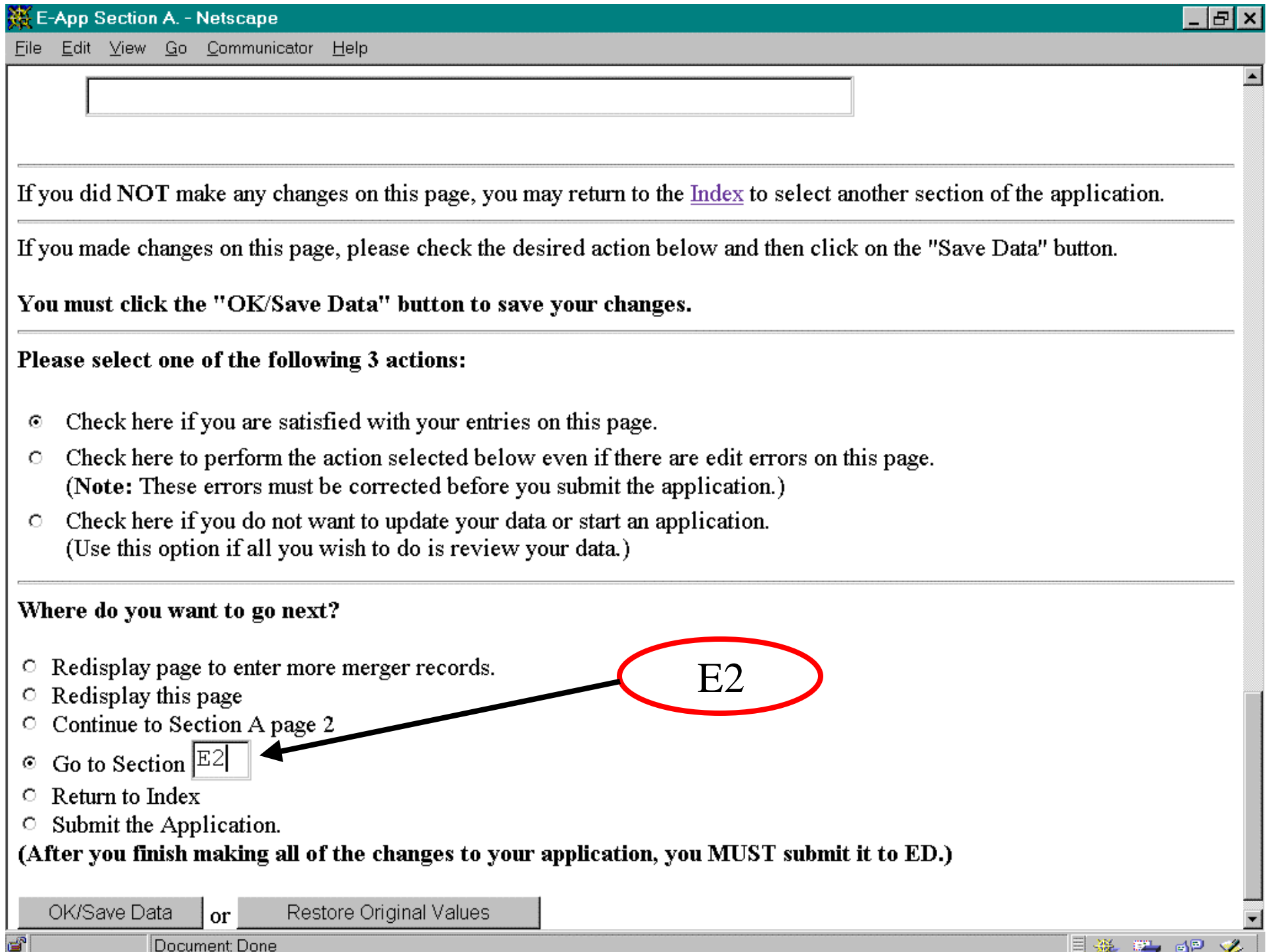
**Section A. Please answer these general questions.** **Nondegree program**

1. Tell us why you are submitting the application. (You may check more than one box.)

- ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
- ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
  - ☐ Check here if requesting a preacquisition review.
- ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
- ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
- ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
- ☒ **Update Information.** The purpose of this application is to update information about the institution.  
If you check "Update Information," please select at least one purpose from the pick-lists below.  

Nondegree Program - 15

Document Done



E-App Section E. - Netscape

File Edit View Go Communicator Help

Section E (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name: Test School Number Four

Your Nondegree Program application has NOT been submitted.

4321 Main Street  
Fairfax, VA

27. If you checked boxes e., g., h., or i. in Question 26 provide the following information.

a. Since you did not check box e. in question 26, question 27a is not displayed.

b. Since you checked box g. or h. in question 26, you can click on the hot link to update information about your non-degree undergraduate programs.

	Need More Info	Approved	Institution's Program Name	CIP Code	# of weeks	Clock hours	Credit hours	Type
<a href="#">Update/Review Program</a>		Yes	Accounting	52.0301	30	900	30	Semester
<a href="#">Update/Review Program</a>		Yes	Accounting for Corporation	52.0302	30	720	24	Semester

[Click here to add an undergraduate non-degree program.](#)

New Program

c. Since you did not check box i. in question 26, question 27c is not displayed.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Document Done

Section E (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Nondegree Program  
application has NOT been submitted.

4321 Main Street  
Fairfax, VA

## 27. Name of program

CIP code [\(A list of CIP Codes accompanies this application.\)](#)

Date first provided

(mm/dd/yyyy format)

Number of Weeks

Clock hours (number of hours) of instruction *(This is required information.)*

Number of credit hours

Type of Hours (check one)

☐ semester ☐ trimester ☐ quarter ☐ clock ☐ other

Do you award an equivalent degree [\(see glossary\)](#) as determined by the U.S. Secretary of Education to a student who successfully completes this program?

☐ Yes ☐ No

Click here to get a  
list of CIP Codes



E-App Listing for Question 27. - Netscape

File Edit View Go Communicator Help

**Listing for Question 27:** (Click your browser's "Back" button to return.)

**Classification of Instructional Program (CIP) Codes**

**(alphabetical by program name)**

HINT: To copy and paste the CIP Code into Question 27, highlight the code, press Ctrl-C, press your browser's back button, click on the CIP Code field and press Ctrl-V.

[A] [B] [C] [D] [E] [F] [G] [H] [I] [J] [K] [L] [M] [N] [O] [P] [Q] [R] [S] [T] [U] [V] [W] [X] [Y] [Z]

52.0301 Accounting

52.0302 Accounting Technician

52.0399 Accounting, Other

40.0809 Acoustics

50.0503 Acting and Directing

52.0802 Actuarial Science

51.2701 Acupuncture and Oriental Medicine

31.0502 Adapted Physical Education/Therapeutic Recreation

34.0104 Addiction Prevention and Treatment

13.0402 Administration of Special Education

52.0401 Administrative Assistant/Secretarial Science, General

52.0499 Administrative and Secretarial Services, Other

13.0403 Adult and Continuing Education Administration

13.1201 Adult and Continuing Teacher Education

09.0201 Advertising

15.0801 Aeronautical and Aerospace Engineering Tech /Technician

Select the appropriate letter

Document Done

13.9999 Education, Other  
 13.0604 Educational Assessment, Testing and Measurement  
 13.0601 Educational Evaluation and Research  
 13.0699 Educational Evaluation, Research and Statistics, Other  
 13.0802 Educational Psychology  
 13.0603 Educational Statistics and Research Methods  
 13.0404 Educational Supervision  
 13.0501 Educational/Instructional Media Design  
 10.0101 Educational/Instructional Media Tech./Technician  
 20.0602 Elder Care Provider/Companion  
 15.0399 Electrical and Electronic Engin.-Related Technol./Technicians, Other  
 47.0101 Electrical and Electronics Equipment Installer and Repairer, General  
 47.0199 Electrical and Electronics Equipment Installer and Repairer, Other  
 46.0301 Electrical and Power Transmission Installer, General  
 46.0399 Electrical and Power Transmission Installer, Other  
 15.0303 Electrical, Electronic and Communications Engin. Tech./Technician  
**14.1001** Electrical, Electronics and Communication Engineering  
 48.0104 Electrical/Electronics Drafting  
 46.0302 Electrician  
 51.0902 Electrocardiograph Tech./Technician  
 51.0903 Electroencephalograph Tech./Technician  
 12.0404 Electrolysis Technician  
 15.0499 Electromechanical Instrumentation and Main. Technol./Technicians, Other  
 15.0403 Electromechanical Tech./Technician  
 40.0804 Elementary Particle Physics

Copy or  
 Note the  
 Appropriate  
 CIP Code

E-App Section E. - Netscape

File Edit View Go Communicator Help

**Section E** (page 2 of 3) [Help](#)      **OPE ID:** 04444400      **School Name:** Test School Number Four

Your Nondegree Program application has NOT been submitted.      4321 Main Street  
Fairfax, VA

---

27. Name of program

My new program

CIP code ([A list of CIP Codes accompanies this application.](#))

14.1001

Date first provided

01/10/2000 (mm/dd/yyyy format)

Number of Weeks

30

Clock hours (number of hours) of instruction (*This is required information.*)

900

Number of credit hours

31

Type of Hours (check one)

☒ semester ☐ trimester ☐ quarter ☐ clock ☐ other

Do you award an equivalent degree ([see glossary](#)) as determined by the U.S. Secretary of Education to a student who successfully completes this program?

☐ Yes ☒ No

Document Done

☐ Yes ☒ No

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
  - ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
  - ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)
- 

**Where do you want to go next?**

- ☐ Return to Question 27
- ☐ Add another program
- ☐ Display next program
- ☐ Continue to Section E page 3
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

OK/Save Data

or

Restore Original Values

## *Add a new program (Cont.)*

- Go to Section M - Tells you what supporting documents to send
- Go to Application Submission Page - Tells you if there is any data missing
- Go to Submit Application - transmits the application & gives you a receipt
- Mail the Supporting Documents



## ***Increase Level of Offering***

- Go to Section A - Question 1 (Purpose)
- Select “Increase Level of Offering - Educational Program”
- Go to Section E - Question 26
- Select the appropriate level
- If applicable, complete Question 27
- Go to Section L - President’s signature



E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 04444400 School Name: Test School Number Four  
4321 Main Street  
Fairfax, VA

No application has been started.

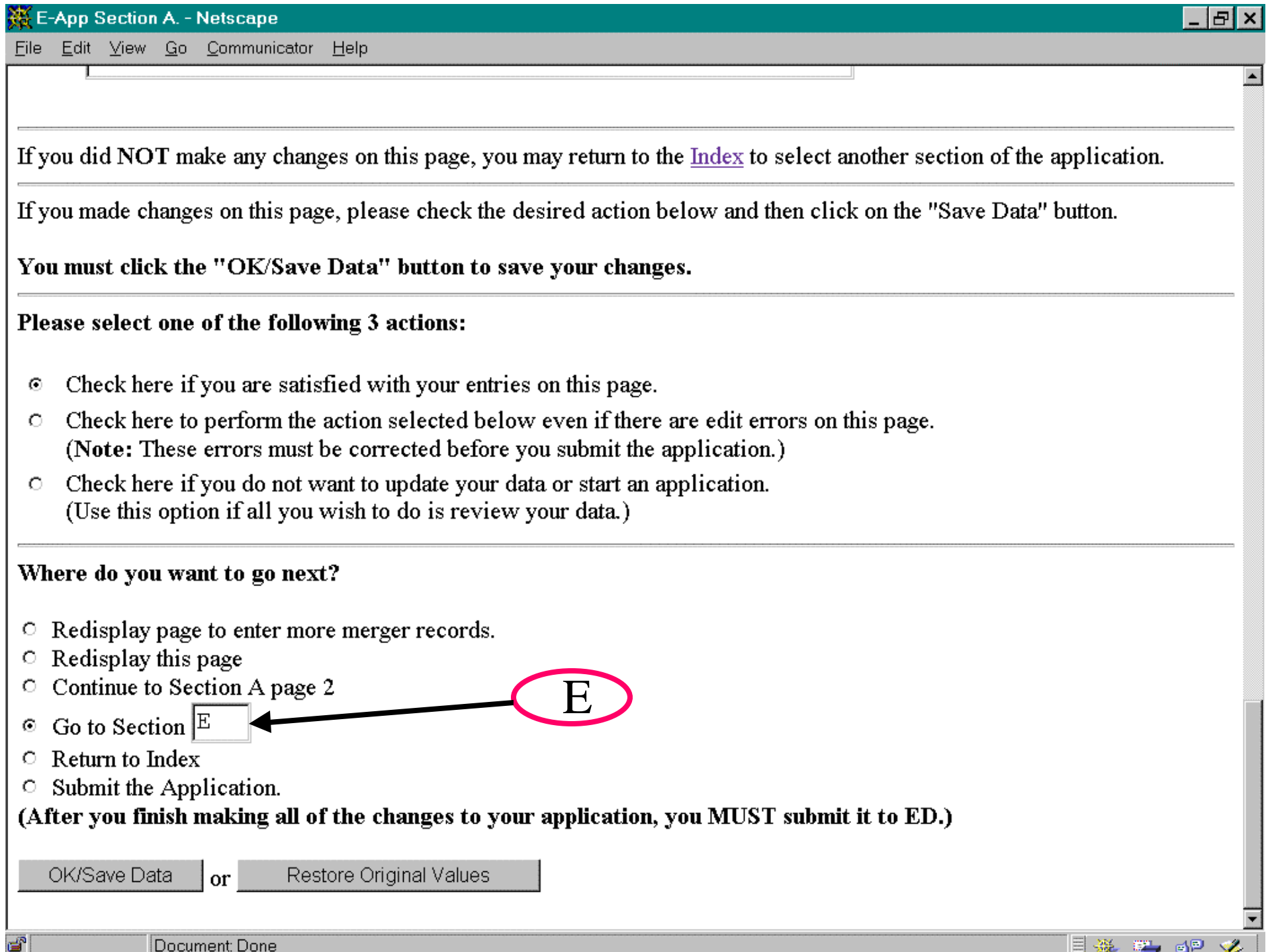
---

## Section A. Please answer these general questions.

1. Tell us why you are submitting the application. (You may check more than one box.)
  - ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
  - ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
    - ☐ Check here if requesting a preacquisition review.
  - ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
  - ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
  - ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
  - ☒ **Update Information.** The purpose of this application is to update information about the institution.  
If you check "Update Information," please select at least one purpose from the pick-lists below.
    - 
    -

Document Done

Increase Level  
of Program Offering





E-App Section E. - Netscape

File Edit View Go Communicator Help

Section E (page 1 of 3) [Help](#) OPE ID: 04444400 School Name: Test School Number Four

Your Increase Level of Offering of Educational Programs application has NOT been submitted. 4321 Main Street  
Fairfax, VA

---

**Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.**

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs that you wish to be eligible for federal student financial aid.** (You may check more than one box.)

**Note:** Post-baccalaureate students pursuing prerequisite coursework (such as prerequisite courses for medical school) have their eligibility determined on the basis of *student* eligibility for federal student financial aid criteria rather than *program* eligibility criteria. Therefore, these types of programs are not included here.

- a. ☒ associate degree programs
- b. ☒ bachelor's degree programs
- c. ☐ master's degree programs or doctoral degree programs
- d. ☐ first professional degree programs ([see glossary](#))
- e. ☐ graduate or professional programs that
  - do not lead to a post-baccalaureate degree
  - are at least 10 weeks, and
  - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.
- f. ☐ two-academic-year transfer programs ([see glossary](#))

New Level

Document Done

E-App Section E. - Netscape

File Edit View Go Communicator Help

☐ Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

---

**Where do you want to go next?**

- ☐ Redisplay this page
- ☐ Continue to Section E page 2
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

or

Document Done

## ***Increase Level of Offering (Cont.)***

- Go to Section M - Tells you what supporting documents to send
- Go to Application Submission Page - Tells you if there is any data missing
- Go to Submit Application - transmits the application & gives you a receipt
- Mail Supporting Documents



## ***Change of Address***

- Go to Section A - Question 1 (Purpose)
- Select “Address Change”
- Go to Section F - Question 29 (for main campus) or Question 30 (for additional location)
- Enter New Address
- Go to Section L - President’s signature



E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 04444400 School Name: Test School Number Four

No application has been started. 4321 Main Street  
Fairfax, VA

---

## Section A. Please answer these general questions.

1. Tell us why you are submitting the application. (You may check more than one box.)
  - ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
  - ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
    - ☐ Check here if requesting a preacquisition review.
  - ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
  - ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
  - ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
  - ☒ **Update Information.** The purpose of this application is to update information about the institution.

If you check "Update Information," please select at least one purpose from the pick-lists below.

Address Change - 30

Document Done

Address Change

E-App Section A. - Netscape

File Edit View Go Communicator Help

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

---

**Where do you want to go next?**

- ☐ Redisplay page to enter more merger records.
- ☐ Redisplay this page
- ☐ Continue to Section A page 2
- ☒ Go to Section  ← **F**
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

or

Document Done

Section F (page 1 of 2) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Address Change

application has NOT been submitted.

4321 Main Street

Fairfax, VA

## Section F. Please tell us about your locations.

29. What is your principal location?

Name of Location

Test School Number Four

Business street address

4321 Main Street

City

Fairfax

County

FAIRFAX

State

VA

Zip

22304

Zip+4

3234

Foreign Province

Country

Postal Code

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:

E-App Section F. - Netscape

File Edit View Go Communicator Help

**Section F** (page 1 of 2) [Help](#)      **OPE ID:** 04444400      **School Name:** Test School Number Four

Your Address Change application has NOT been submitted.      4321 Main Street  
Fairfax, VA

---

## Section F. Please tell us about your locations.

29. What is your principal location?

Name of Location

Test School Number Four

Business street address

987 East Street

City      County

Fairfax      FAIRFAX

State      Zip      Zip+4

VA      22305      - 3239

Foreign Province      Country      Postal Code

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:



[Click here to add a location.](#)

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
  - ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
  - ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)
- 

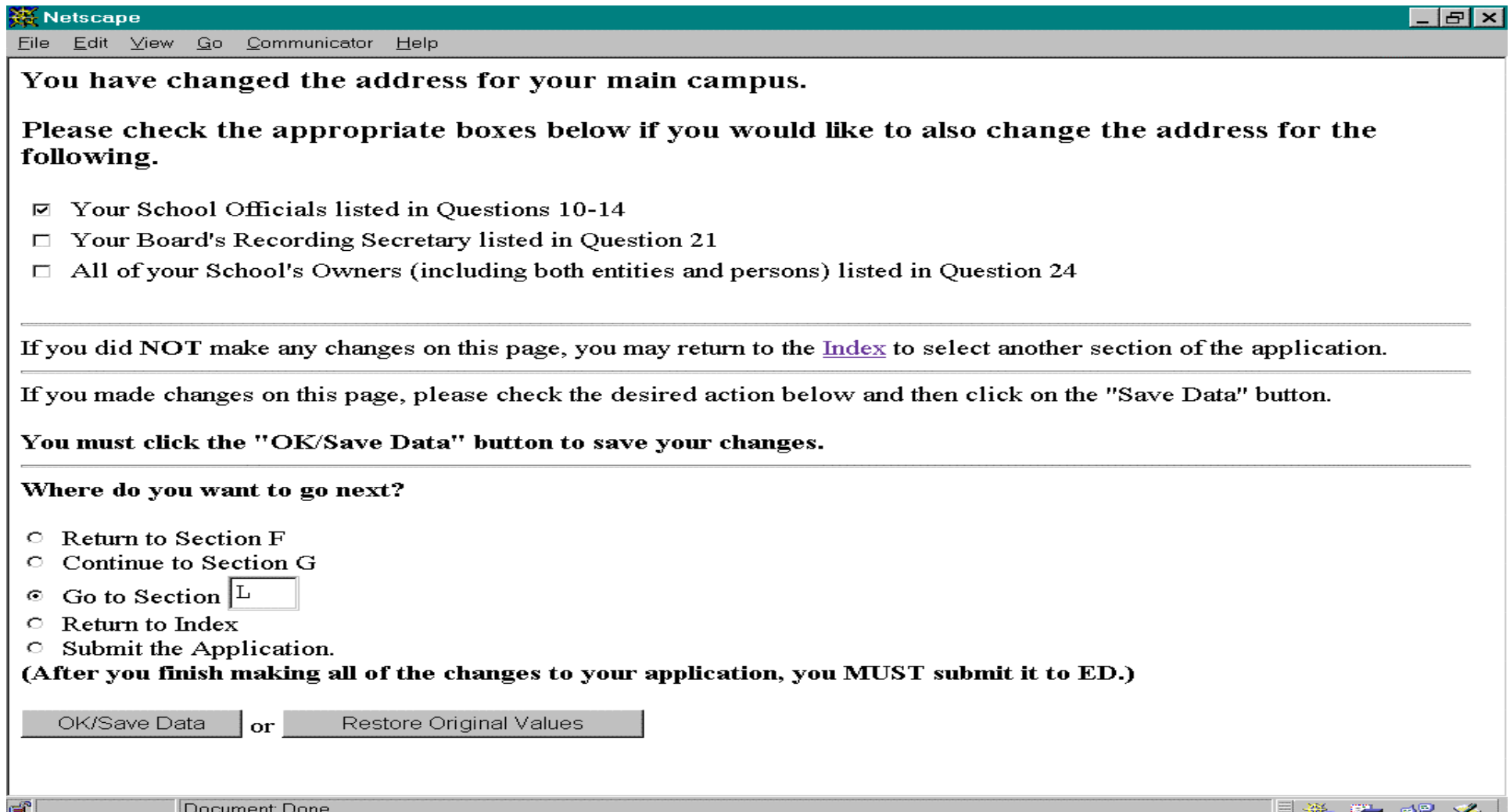
**Where do you want to go next?**

- ☐ Redisplay this page
- ☐ Continue to Section G
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

or

# *Before you get to L, it asks if you want to change the address for the officials*



**Netscape** File Edit View Go Communicator Help

**You have changed the address for your main campus.**

**Please check the appropriate boxes below if you would like to also change the address for the following.**

- ☒ Your School Officials listed in Questions 10-14
- ☐ Your Board's Recording Secretary listed in Question 21
- ☐ All of your School's Owners (including both entities and persons) listed in Question 24

---

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

---

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

---

**Where do you want to go next?**

- ☐ Return to Section F
- ☐ Continue to Section G
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

or

Document: Done

## ***Change of Address (Cont.)***

- After L, go to Section M - Tells you what supporting documents to send
- Go to Application Submission Page - Tells you if there is any data missing
- Go to Submit Application - transmits the application & gives you a receipt
- Mail the Supporting Documents



## ***Change Officials/Directors***

- Go to Section A - Question 1 (Purpose)
- Select “Officials/Directors of Institution”
- Go to next page, Section A, page 2
- Enter the new official, don’t forget to check the box “new person”
- Go to Section L - President’s signature



E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 04444400 School Name: Test School Number Four

No application has been started. 4321 Main Street  
Fairfax, VA

---

## Section A. Please answer these general questions.

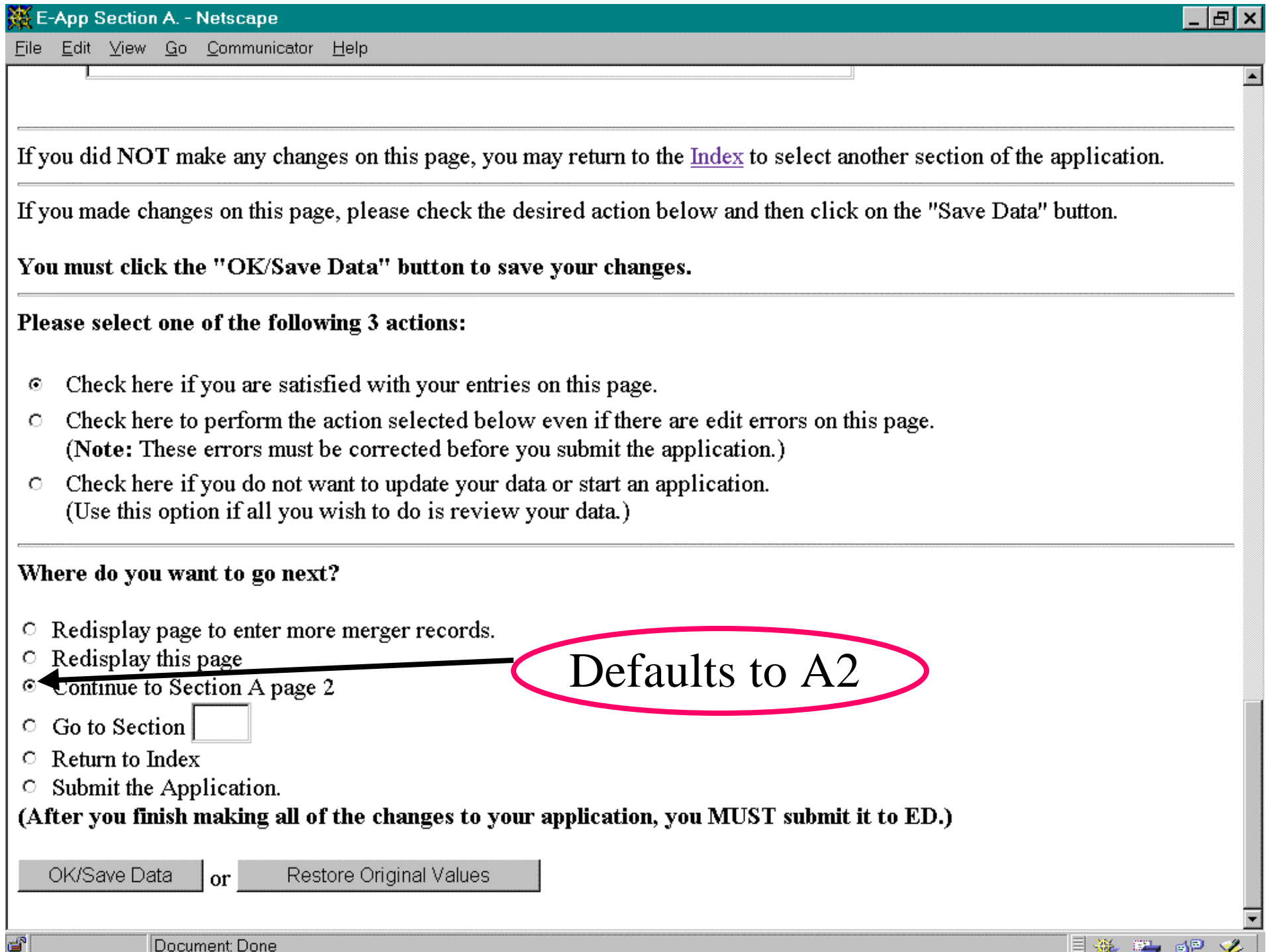
1. Tell us why you are submitting the application. (You may check more than one box.)
  - ☐ **Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
  - ☐ **Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
    - ☐ Check here if requesting a preacquisition review.
  - ☐ **Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
  - ☐ **Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
  - ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
  - ☒ **Update Information.** The purpose of this application is to update information about the institution.

If you check "Update Information," please select at least one purpose from the pick-lists below.

Officials/Directors of Institution - 17

Document Done

Officials/Directors of Institution



E-App Section A. - Netscape

File Edit View Go Communicator Help

---

**Section A** (page 2 of 3) [Help](#)      **OPE ID:** 04444400      **School Name:** Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.      4321 Main Street  
Fairfax, VA

---

10. Who is your chief executive officer (CEO)/president/chancellor?

☐ For name changes, check here if this is a new person.

Prefix      First name      MI      Last name      Suffix

Mr      George      A      Washington     

Job title

President

Business street address

4321 Main Street

City

Fairfax

State      Zip      Zip+4

VA      22304      - 3234

Foreign Province      Country      Postal Code

Telephone number (including area code)

New Person

Document Done

E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name: Test School Number Four

Your Officials/Directors of Institution application has NOT been submitted.

4321 Main Street  
Fairfax, VA

---

10. Who is your chief executive officer (CEO)/president/chancellor?

☒ For name changes, check here if this is a new person.

Prefix	First name	MI	Last name	Suffix
Mr	Sean	A	Adams	

Job title

President

Business street address

4321 Main Street

City

Fairfax

State	Zip	Zip+4
VA	22304	- 3234

Foreign Province	Country	Postal Code

Telephone number (including area code)

Document Done



E-App Section A. - Netscape

File Edit View Go Communicator Help

bfranklin@myschool.edu

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

- ☒ Check here if you are satisfied with your entries on this page.
- ☐ Check here to perform the action selected below even if there are edit errors on this page.  
(Note: These errors must be corrected before you submit the application.)
- ☐ Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)

**Where do you want to go next?**

- ☐ Redisplay this page
- ☐ Continue to Section A page 3
- ☒ Go to Section
- ☐ Return to Index
- ☐ Submit the Application.

**(After you finish making all of the changes to your application, you MUST submit it to ED.)**

OK/Save Data

 or 

Restore Original Values

Document Done

## ***Change of Officials (Cont.)***

- Go to Section M - Tells you what supporting documents to send
- Go to Application Submission Page - Tells you if there is any data missing
- Go to Submit Application - transmits the application & gives you a receipt
- Mail Supporting Documents



## ***But ...What About Comments?***

If you wish to provide additional information about the application or data you entered

...

- **Go to Section K**
- **Question 69**



69. **(Optional)** Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.

**Note:** Please do not enter any double quote marks (") within the body of your comments.

Use this area to  
provide additional  
information or  
explanation

70. **(Optional)** Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.

Prefix

First name

MI

Last name

Suffix

Job title

Business street address

## ***Application Status***

- The \_\_\_\_\_ application you started has NOT been submitted to ED. You must use the Submit Application page to do so.
- Your \_\_\_\_\_ application was submitted on \_\_\_\_\_. Awaiting initial submission of supporting documentation.





## Application for Approval to Participate in Federal Student Financial Aid Programs

### Welcome

---

*Case Management and Oversight, U.S. Department of Education*



**Your User Name and Password for the Electronic Application have changed.**

**You must now type **ED** immediately before your current User Name (8-digit OPE ID number) and Password (9-digit TIN).**

For example:    User Name:        ED09999900  
                         Password:        ED999999999

### Application

If you have questions you may [contact ED](#).

**This application may be used by postsecondary institutions wishing to apply for designation as an eligible institution, initial participation, recertification, reinstatement, change in ownership, or to update a current approval. Updates include changes such as, but not limited to, name or address change, new location or program, increased level of offering, change of officials, or Gen List.**

[Continue](#)



Questions and comments should be sent to [IPOS@ed.gov](mailto:IPOS@ed.gov)

## ***Application Status***

- Your\_\_\_\_\_ application was submitted on \_\_\_\_\_. Supplemental documentation has been requested by IPOS on \_\_\_\_\_.
- Awaiting review.
- Review in process.



# ***Application Status***

- Update access was turned on for school on \_\_\_\_.
- Application was last resubmitted on \_\_\_\_.
- Documentation preparation in process.



# *Who Do I Contact if I Have Questions?*

## ■ Case Management Teams

- User name and password problems
- How to enter additional information
- What information you need to enter



# *Who Do I Contact if I Have Questions?*

- PEPS Operations Office
  - Oracle problems or strange web messages
  - Unable to access the web address
  - (202) 401-3257, 260-4801, or 401-3258





# ***Who Do I Contact if I Have Questions?***

## **Document Receipt and Control Center**

**Questions about the receipt of your  
supporting documents**

**(202) 205-1936/7/8**



**We Help Put America  
Through School**

## Case Management Team Contacts

Internet: [IPOS@ed.gov](mailto:IPOS@ed.gov)

Boston team - (617) 223-9338

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

New York team - (212) 264-4022

New Jersey, New York, Puerto Rico, and the Virgin Islands

Philadelphia team - (215) 656-6442

Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Atlanta team - (404) 562-6315

Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina

Chicago team - (312) 886-8767

Illinois, Minnesota, Ohio, and Wisconsin

## Case Management Team Contacts (continued)

Dallas team - (214) 880-3044

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Kansas City team - (816) 880-4053

Iowa, Kansas, Kentucky, Missouri, Nebraska, and Tennessee

Denver team - (303) 844-3677

Colorado, Michigan, Montana, North Dakota, South Dakota, Utah, and Wyoming

San Francisco team - (415) 556-4295

Arizona, California, Hawaii, Nevada, American Samoa, Guam, Federated States of  
Micronesia, Palau, Marshall Islands, and Northern Marianas

Seattle team - (206) 287-1770

Alaska, Idaho, Indiana, Oregon, and Washington

Foreign School team - (202) 708-8820



Electronic Access Conference  
2000 GET CONNECTED

# QUESTIONS?



We Help Put America  
Through School