Connect For SUCCESS

U.S. Department of Education
1998 Electronic Access Conferences

Session 49

Recertification
It's a Snap with E-APP

What is The E-APP?

- Electronic Version of the Application to Participate in Federal Student Financial Aid Programs

- History

What Do I Need to Get Started?

- Internet Access

- Web Browser

- Address: www.eligcert.ed.gov

- User IDs

When Do I Use the E-APP?

- Recertification

- Change of Ownership

- Reinstatement

- Updates

Features of the E-APP

- Many Questions are Prepopulated

- Edit Checks

- Status Messages

- Help Text

Application for Approval to Participate in Federal Student Financial Aid Programs

Institutional Participation and Oversight Service, U.S. Department of Education

Index

Document: Done

student financial aid programs

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Section F	[Questions 29-30](#)	*School locations*
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Section H	[Questions 35-40](#)	*Initial applications, reinstatements, and change in your ownership or structure*
Section I	[Questions 41-46](#)	*Foreign institutions*
	[Questions 47-57](#)	*Foreign graduate medical schools*
Section J	[Question 58](#)	*Third-party servicers*
Section K	[Questions 59-70](#)	*Administrative capability and financial responsibility*

[Section L](#)   *Please have the appropriate person in authority review, sign, and date this document*

[Section M](#)   *A list of documents which must be sent separately to ED*

[Submit Application](#)   ***After you have completed all of the necessary sections of the application, you must click here to submit the application to ED***

[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](#).*

Application for Approval to Participate in Federal Student Financial Aid Programs

Institutional Participation and Oversight Service, U.S. Department of Education

Index

8-digit OPEID

9-digit EIN

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

Help — *electronic application*

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	Questions 47-57	*Foreign graduate medical schools*
Section J	Question 58	*Third-party servicers*

Username and Password Required

Enter username for edrealm at eapp:

User Name:

Password:

OK　　Cancel

Connect: Please enter password for host...

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 option is not available at this time.) 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 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.

   ☑ **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 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 student financial aid programs.

   ☐ **Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and 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 a purpose from the list.

   [▼]

   ☐ **Other** (specify) [   ]

2. What is the name of your institution?

   [Test School Number Five   ]

3. Do you have another name that you are legally doing business as?

   ○ Yes ○ No

   If yes, what is that name?

4. During the past four years, have you had another name that you have not previously reported to the Department of Education?

   ○   Yes ○ No

If yes, what was that name?

   ☐ Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions. (You must enter the merger date in Question 19 (Section C)).

OPE ID		EIN	Location Name
	00		
	00		
	00		

If you entered merger information, [Click here] to redisplay this page to see the former schools' EIN numbers and names.

5. What are the first 6 digits of your 8-digit Office of Postsecondary Education Identification (OPE ID) number? The final 2 digits already are entered for you.

Current OPE ID (or former OPE ID if seeking reinstatement)

055555 00

6. What is your 9-digit Employer Identification Number (EIN) assigned by the IRS?

(This does not apply to foreign schools.)

111111111   (If changing the EIN, please provide an explanation in Question 69 (Section K) except for Change in Ownership).

7. What was your most recently completed award year?

Beginning Date: 07/01/ 1997

Ending date: 06/30/ 1998

Ending date: 06/30/ 1998

8. What is your current award year?

Beginning Date: 07/01/ 1998

Ending date: 06/30/ 1999

9. **(Optional)** Does your institution have a home page on the Internet?

○ Yes ○ No

If yes, list the electronic address.

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.

○ 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.

[OK/Save Data] or [Restore Original Values]

File   Edit   View   Go   Communicator   Help

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

11 Main Street

City

Fairfax

State   Zip   Zip+4

VA   11111   -   1111

Foreign Province   Country   Postal Code

Telephone number (including area code)

(703) 111 - 1111   ext:

Fax number (including area code)

(703) 111 - 1113   ext:

Foreign phone   Foreign fax

11. Who is chief fiscal officer/financial officer?

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

Prefix   First name   MI   Last name   Suffix

[Mr ▼]   [John]   [A]   [Adams]   [   ]

Job title

[Fiscal Officer]

Business street address

[11 Main Street]

[   ]

City

[Fairfax]

State   Zip   Zip+4

[VA ▼]   [11111] - [1111]

Foreign Province   Country   Postal Code

[   ]   [▼]   [   ]

Telephone number (including area code)

([703]) [111] - [1112] ext: [   ]

Fax number (including area code)

([703]) [111] - [1113] ext: [   ]

Foreign phone   Foreign fax

[   ]   [   ]

Document: Done

12. Who is chief financial aid director?

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

Prefix	First name	MI	Last name	Suffix
Mrs ▼	Betsy	A	Ross	

Job title

Financial Aid Administrator

Business street address

11 Main Street

City

Fairfax

State   Zip   Zip+4

VA ▼   11111   -   1111

Foreign Province   Country   Postal Code

                                    ▼

Telephone number (including area code)

(703) 111 - 1114   ext:

Fax number (including area code)

(703) 111 - 1113   ext:

Foreign phone   Foreign fax

File   Edit   View   Go   Communicator   Help

Foreign Province   Country   Postal Code

Telephone number (including area code)

(703) 111 - 1114 ext:

Fax number (including area code)

(703) 111 - 1113 ext:

Foreign phone   Foreign fax

Internet address (if applicable)

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.

○ Redisplay this page.
◉ Continue to Section A page 3
○ Go to Section
○ Return to Index
○ Submit the Application.

OK/Save Data or Restore Original Values

Document: Done

14. Whom should we contact if we have questions about information in this form?

- ○   Same person as in Question 10. (Mr. George A. Washington)
- ⊙   Same person as in Question 12. (Mrs. Betsy A. Ross)
- ○   Same person as in Question 13.
- ○   If none of these people, complete the information below.

Prefix   First name   MI   Last name   Suffix

Job title

☐   Check here if the street address is the same as entered in Question 10 and do not re-enter it here.

Business street address

City

State   Zip   Zip+4

Foreign Province   Country   Postal Code

Telephone number (including area code)

(   )   -   ext:

Fax number (including area code)

File   Edit   View   Go   Communicator   Help

Foreign Province   Country   Postal Code

Telephone number (including area code)

(   )   -   ext:

Fax number (including area code)

(   )   -   ext:

Foreign phone   Foreign fax

Internet address (if applicable)

If you did **NOT** make any changes on this page, you may return to the <u>Index</u> 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.

○ Redisplay this page.
◉ Continue to Section B
○ Go to Section
○ Return to Index
○ Submit the Application.

OK/Save Data   or   Restore Original Values

Document: Done

Section B. Please tell us about your accreditation and state authorization to provide postsecondary education.

☐   Check here if you are a foreign institution (including foreign graduate medical schools) and **go to Section C** .

15.   What is your accrediting agency? (Complete **a.** if you have institution-wide accreditation; complete **b.** if you do **not** have institution-wide accreditation.)

a.   If you have institution-wide accreditation, which accrediting agency provides this accreditation? If more than one accrediting agency provides accreditation, designate the one you wish us to use in determining your eligibility and continued eligibility.

Abbreviation of accrediting agency. *(A list of abbreviations accompanies this application.)*

NCACHE   North Central Association of Colleges and Schools - CIHE

Include a copy of your current letter of accreditation.

· What year did your accrediting agency last accredit you?

    1997

· For how many years is this accreditation granted?

    5

☑   Check here if this is your Primary Accreditor.

End Date (**Only** enter this date if you are **no longer** accredited by this agency)

    ☐   (mm/dd/yyyy format)

b.   If you do **not** have institution-wide accreditation, provide the following information for each accrediting agency that either accredits a program that is currently eligible or for which you are seeking eligibility. (This includes programs such as a hospital-based nursing program or radiologic technology program.)

Abbreviation of accrediting agency. *(A list of abbreviations accompanies this application.)*

b.   If you do **not** have institution-wide accreditation, provide the following information for each accrediting agency that either accredits a program that is currently eligible or for which you are seeking eligibility. (This includes programs such as a hospital-based nursing program or radiologic technology program.)

Abbreviation of accrediting agency. *(A list of abbreviations accompanies this application.)*

[▼]

Include a copy of your current letter of accreditation.

· What year did your accrediting agency last accredit you?

[   ]

· For how many years is this accreditation granted?

[   ]

☐   Check here if this is your Primary Accreditor.

You have more than one accrediting agency. To display another accrediting agency, select it from the list and select the "Redisplay page with agency selected from pick-list" option at the bottom of the page.

More Institution-wide Accrediting Agencies:

[▼]

NCACHE - North Central Association of Colleges and Schools - CIHE - PRIMARY
COE - Council on Occupational Education

16. ☑   Check here if you are **not** a flight school and **go to Question** 17.

If you are a flight school, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number

[   ]

Date FAA certification expires

[   ]   (mm/dd/yyyy format)

17. What state agencies authorize or license you to provide postsecondary educational programs? (For this question, do not include educational programs that are provided at "distance learning" sites.

   a. ○ Check here if you are a public institution and do **not** provide at least 50% of an educational program outside your state and **go to** [Section C] .

   b. ○ Check here if you are a public institution and you **do** provide at least 50% of an educational program outside your state and list (for each state other than your "home" state) each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.

   c. ⦿ Check here if you are a private institution and list each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.

   d. ○ Check here if you or your programs are not required to be authorized or licensed by a state agency, and **include a copy of the basis for that determination.**

Name of Agency

VA Commonwealth of VA Council of Higher Education

Business street address

`101 North 14th Street`

City

`Richmond`

State   Zip   Zip+4

`VA ▾` `23219` - `       `

Foreign Province   Country   Postal Code

`                    `   `              ▾`   `              `

Telephone number (including area code)

File   Edit   View   Go   Communicator   Help

Internet address (if applicable)

End Date (**Only** enter this date if you are **no longer** authorized by this agency)

[   ] (mm/dd/yyyy format)

Include a copy of your current state license(s) or other state authorization(s) and/or exemption(s).

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.

○   Redisplay page with Accrediting Agency selected from pick-list.

◉   Redisplay page to enter a new Accrediting Agency.
○   Redisplay page to enter a new State Authorizing Agency.

○   Redisplay this page.
○   Continue to Section C
○   Go to Section [   ]
○   Return to Index
○   Submit the Application.

[OK/Save Data] or [Restore Original Values]

Document: Done

Section B. Please tell us about your accreditation and state authorization to provide postsecondary education.

☐   Check here if you are a foreign institution (including foreign graduate medical schools) and **go to Section C** .

15.   What is your accrediting agency? (Complete **a.** if you have institution-wide accreditation; complete **b.** if you do **not** have institution-wide accreditation.)

a.   If you have institution-wide accreditation, which accrediting agency provides this accreditation? If more than one accrediting agency provides accreditation, designate the one you wish us to use in determining your eligibility and continued eligibility.

Abbreviation of accrediting agency. *(A list of abbreviations accompanies this application.)*

[▼]

Include a copy of your current letter of accreditation.

· What year did your accrediting agency last accredit you?

[   ]

· For how many years is this accreditation granted?

[   ]

☐   Check here if this is your Primary Accreditor.

b.   If you do **not** have institution-wide accreditation, provide the following information for each accrediting agency that either accredits a program that is currently eligible or for which you are seeking eligibility. (This includes programs such as a hospital-based nursing program or radiologic technology program.)

Abbreviation of accrediting agency. *(A list of abbreviations accompanies this application.)*

[▼]

File   Edit   View   Go   Communicator   Help

Internet address (if applicable)

End Date (**Only** enter this date if you are **no longer** authorized by this agency)

[   ] (mm/dd/yyyy format)

Include a copy of your current state license(s) or other state authorization(s) and/or exemption(s).

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.

○ Redisplay page with Accrediting Agency selected from pick-list.

○ Redisplay page to enter a new Accrediting Agency.
○ Redisplay page to enter a new State Authorizing Agency.

○ Redisplay this page.
◉ Continue to Section C
○ Go to Section [   ]
○ Return to Index
○ Submit the Application.

[OK/Save Data] or [Restore Original Values]

Document: Done

Section C. Please describe your institutional control and structure.

If you are a public institution, you may skip Sections C and D and **go to Section E** .

18.   Check your type of institutional structure (check one).
- ○   Public institution
- ◉   Private nonprofit 501(c)(3) institution

    Include a copy of your 501(c)(3) designation from the IRS.
- ○   For-profit institution

    Foreign institution (check one)
    - ○   Public institution
    - ○   Private non-profit institution

        Include a certified English translation of your nonprofit designation status.
    - ○   For-profit institution (**Note:** Foreign graduate medical schools are the only foreign for-profit institutions eligible to apply to participate in federal student financial aid programs.)

19.   Check here if this is a request for initial certification, and **go to Question 20**.

For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure changed?

- ○ Yes ○ No

If yes, give the date of change.

[   ] (mm/dd/yyyy format)

20. ○   Check here if you are a public institution, and **go to Section E** .

◉   Check here if you are **not** a public institution, and list the names of your board of trustees or your board of

20. ○ Check here if you are a public institution, and **go to Section E** .

⊙ Check here if you are **not** a public institution, and list the names of your board of trustees or your board of directors.

⊙ Check here if you have a board of trustees.

○ Check here if you have a board of directors.

☐ Check here if you have more than 10 on your board, and list only the board's executive committee.

Prefix	First name	MI	Last name	Suffix	End Date (mm/dd/yyyy format)
Dr	Beb	A	Franklin		
Miss	Jane	A	Adams		
Mr	Thomas	A	Jefferson		

Note: Enter an end date for former board members listed above who are no longer on your board.

21. Who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

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

Prefix	First name	MI	Last name	Suffix

21. Who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

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

Prefix   First name   MI   Last name   Suffix

Mrs ▼   Mary   A   Green

Job title

Board Secretary

Business street address

11 Main Street

[ ]

City

Fairfax

State   Zip   Zip+4

VA ▼   11111   -   1111

Foreign Province   Country   Postal Code

[ ]   [▼]   [ ]

eapp - [JavaScript Application]   ☒

⚠ Enter 3 digits in field, please.

OK

Telephone number (including area code)

(703) 1   - 2222   ext: [ ]

Fax number (including area code)

(703) 111 - 1212   ext: [ ]

Foreign phone   Foreign fax

[ ]   [ ]

Foreign Province   Country   Postal Code

Telephone number (including area code)

(703) 111 - 2222 ext:

Fax number (including area code)

(703) 111 - 1212 ext:

Foreign phone   Foreign fax

Internet address (if applicable)

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.

○ Redisplay this page.
◉ Continue to Section D
○ Go to Section
○ Return to Index
○ Submit the Application.

| OK/Save Data | or | Restore Original Values |

Section D (page1 of 2) Help   **OPE ID:** 05555500   **School Name:**   Test School Number Five
                                                                                                            Fairfax, VA

Section D. If you are a for-profit institution, please answer these questions. (This includes for-profit foreign graduate medical schools.)

☑ Check here if you are **not** a for-profit institution, and **go to Section E** .

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)*

   g. ☑   undergraduate programs that

   · lead to a certificate or other recognized educational credential,

   · prepare students for gainful employment in a recognized occupation,

g. ☑ undergraduate programs that

· lead to a certificate or other recognized educational credential,

· prepare students for gainful employment in a recognized occupation,

· are at least 15 weeks, and

· provide at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.

h. ☐ undergraduate programs that

· lead to a certificate or other recognized educational credential,

· prepare students for gainful employment in a recognized occupation,

· 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.

AND

· require an enrolling student to have an associate degree or higher degree.

i. ☐ undergraduate programs that

· lead to a certificate or other recognized educational credential,

· prepare students for gainful employement in a recognized occupation.

· are at least 10 weeks, and

· provide at least 300 but not more than 599 clock hours of instruction.

· do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and

· have been provided for at least one year.

j. ☐ programs necessary for a professional credential or certification from a state and that are required for employment (for example, a teacher certification program to become a teacher in an elementary or secondary school in that state).

· prepare students for gainful employement in a recognized occupation.

· are at least 10 weeks, and

· provide at least 300 but not more than 599 clock hours of instruction.

· do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and

· have been provided for at least one year.

j. ☐   programs necessary for a professional credential or certification from a state and that are required for employment (for example, a teacher certification program to become a teacher in an elementary or secondary school in that state).

☐   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.**

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

[OK/Save Data] or [Restore Original Values]

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-degreee undergraduate programs.

	Need More Info	Approved	Institution's Program Name	CIP Code	# of weeks	Clock hours	Credit hours	Type
Update Program		Yes	Commercial Advertising	09.0201	50	100	33	Semester
Update Program		Yes	Accounting Technician	52.0302	30	900	30	Semester
Update Program		Yes	Office Support Technology	52.0408	25	675	21	Semester
Update Program		Yes	Financial Planner	52.0803	30	100	33	Semester
Update Program	*	Yes	Financial Management	52.0803	30	100	33	
Update Program			Business Management	52.0803	30	100	33	Semester
Update Program		Yes	Business Software Applications	52.1299	34	900	30	Semester

Click here to add a new undergraduate non-degree 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.

Name of program

Commercial Advertising

CIP code *(A list of CIP Codes accompanies this application.)*

09.0201 - Advertising

Date first provided

09/01/1997   (mm/dd/yyyy format)

Number of Weeks

50

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

100

Number of
credit hours - Type of credit hours (check one)

33   ⦿ semester   ○ trimester   ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

○ Yes ⦿ No

End Date (Enter date if this vocational school program is no longer valid.)

[   ]   (mm/dd/yyyy format)

33   ⦿ semester   ○ trimester   ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

○ Yes ⦿ No

End Date (Enter date if this vocational school program is no longer valid.)

[   ] (mm/dd/yyyy format)

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.

○ 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.

[OK/Save Data] or [Restore Original Values]

Name of program

Accounting Technician

CIP code *(A list of CIP Codes accompanies this application.)*

52.0302 – Accounting Technician

Date first provided

01/01/1995   (mm/dd/yyyy format)

Number of Weeks

30

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

900

Number of
credit hours - Type of credit hours (check one)

30   ⦿ semester   ○ trimester   ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

○ Yes ⦿ No

End Date (Enter date if this vocational school program is no longer valid.)

(mm/dd/yyyy format)

Name of program

Office Support Technology

CIP code *(A list of CIP Codes accompanies this application.)*

52.0408 – General Office/Clerical and Typing Services

Date first provided

02/01/1989   (mm/dd/yyyy format)

Number of Weeks

25

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

675

Number of
credit hours - Type of credit hours (check one)

21   ◉ semester ○ trimester ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

○ Yes ◉ No

End Date (Enter date if this vocational school program is no longer valid.)

                (mm/dd/yyyy format)

Name of program

```
Financial Management
```

CIP code *(A list of CIP Codes accompanies this application.)*

52.0803 – Banking and Financial Support Services

Date first provided

```
09/01/1996
```
(mm/dd/yyyy format)

Number of Weeks

```
30
```

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

```
100
```

Number of
credit hours - Type of credit hours (check one)

```
33
```
○ semester ○ trimester ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

○ Yes ⊙ No

End Date (Enter date if this vocational school program is no longer valid.)

```
```
(mm/dd/yyyy format)

Please check type of Credit Hours.

Section E (page 2 of 3) [Help](#)   **OPE ID:** 05555500   **School Name:**   Test School Number Five
                                                                                                           Fairfax, VA

Name of program

Financial Management

CIP code *(A list of CIP Codes accompanies this application.)*

52.0803 – Banking and Financial Support Services

Date first provided

09/01/1996   (mm/dd/yyyy format)

Number of Weeks

30

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

100

Number of
credit hours - Type of credit hours (check one)

33   ○ semester   ○ trimester   ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of

Number of
credit hours - Type of credit hours (check one)

33   ○ semester ○ trimester ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

○ Yes ⊙ No

End Date (Enter date if this vocational school program is no longer valid.)

[   ]   (mm/dd/yyyy format)

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.

○ 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.

Use Index to escape an edit

Application for Approval to Participate in Federal Student Financial Aid Programs

Institutional Participation and Oversight Service, U.S. Department of Education

Index

Section F. Please tell us about your locations.

29. What is your principal location?

Name of Location

Test School Number Five

Business street address

11 Main Street

City

Fairfax

State   Zip   Zip+4

VA   11111 - 1111

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).

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.

Name of Location (Approved: Yes)

```
Test School Number Five - Arlington Campus
```

Business street address

```
22 Pocomoke Street
```

```

```

City

```
Arlington
```

State   Zip   Zip+4

```
VA   ▼    12121    -  1111
```

Foreign Province   Country   Postal Code

```

```

File Edit View Go Communicator Help

OPE ID
055555 01

End Date (Enter date if this additional location is no longer valid.)

[   ] (mm/dd/yyyy format)

You have more than one secondary location. To display another location for update, select it from the pick-list, select the "Redisplay page with the location selected from the pick-list" option at the bottom of the page, and click the "OK/Save Data" button.

More Locations: [▼]

01 - Test School Number Five - Arlington Campus
02 - Test School Number Five - Alexandria Campus

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.

○ Redisplay page with location selected from pick-list.
◉ Redisplay page to enter a new location.

○ Redisplay this page.
○ Continue to Section G
○ Go to Section [   ]
○ Return to Index
○ Submit the Application.

[OK/Save Data] or [Restore Original Values]

Document: Done

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.

Name of Location

Business street address

City

State   Zip   Zip+4

Foreign Province   Country   Postal Code

Foreign Province   Country   Postal Code

You have more than one secondary location. To display another location for update, select it from the pick-list, select the "Redisplay page with the location selected from the pick-list" option at the bottom of the page, and click the "OK/Save Data" button.

More Locations:

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.

○ Redisplay page with location selected from pick-list.
○ Redisplay page to enter a new location.

○ Redisplay this page.
⦿ Continue to Section G
○ Go to Section
○ Return to Index
○ Submit the Application.

| OK/Save Data | or | Restore Original Values |

Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.

31.   For the most recently completed award year, were more than 50% of your courses taught by means of telecommunications and/or correspondence (tele/corr)?

Note: If a course is offered through traditional methods and through tele/corr, then that course should be counted under both traditional methods and tele/corr. Therefore, the same course might be counted more than once.

   ○ Yes   ○ No

32.   For the most recently completed award year, were 50% or more of your regular students enrolled in tele/corr courses?

   ○ Yes   ○ No

33.   During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

Note: Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

   ○ Yes   ○ No

34.   During the most recently completed award year, were 25% or more of your regular students incarcerated?

   ○ 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.

both traditional methods and tele/corr. Therefore, the same course might be counted more than once.

    ○ Yes   ○ No

32.   For the most recently completed award year, were 50% or more of your regular students enrolled in tele/corr courses?

    ○ Yes   ○ No

33.   During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

Note: Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

    ○ Yes   ○ No

34.   During the most recently completed award year, were 25% or more of your regular students incarcerated?

    ○ 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.

○ Redisplay this page.
◉ Continue to Section H
○ Go to Section [   ]
○ Return to Index
○ Submit the Application.

[OK/Save Data] or [Restore Original Values]

File   Edit   View   Go   Communicator   Help

Section H (page 1 of 1) Help   **OPE ID:** 05555500   **School Name:**   Test School Number Five

Fairfax, VA

Most Recently Completed Award Year: 1998

Current Award Year: 1999

Section H. Please complete this section if this is an initial application *or* you were certified but you have a change in your ownership *or* structure *or* you are seeking reinstatement.

☑ Check here if this is **not** an initial application or a change in ownership or structure or for reinstatement or for addition of a Title IV program, and **go to Section J**

Document: Done

Section J. Please tell us about your third-party servicers.

☑   Check here if you do **not** contract with a third-party or outside servicer, and **go to** [Section K.]

58.   If you contract with any third-party servicer or outside party to perform any function related to federal student financial aid programs, provide the following information about each servicer.

Note: Do **not** list independent auditors. Also do **not** list vendors that provide books, forms, or computer programs (in other words, do not list vendors unless they actually perform services or functions for you).

Name of servicer's contact person

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.,)

Job Title

To add a new school servicer, select a third-party servicer from the List

OR

Enter a new third-party servicer:

Company Name

Business street address

Section K. Please assure us of your administrative capability and your financial responsibility.

Note: To expand on any of your answers, use Question 69.

59. Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16.)

   ☐ Yes

60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)

   ☐ Yes

61. Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 674.19, 675.19, 676.19, and 690.81.)

   (This question does not apply to foreign schools.)

   ☐ Yes

62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)

   ☐ Yes

63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)

   ☐ Yes

64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)

   (This question does not apply to foreign schools.)

File   Edit   View   Go   Communicator   Help

65. Do you have a policy that meets federal regulations for refunding tuition when a student withdraws from classes? (See 34 CFR 668.22.)

☐ Yes

66. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.15.)

☐ Yes

67. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)

☐ Yes

68. Do you have a process to notify us within 10 days about important changes, such as changes in your name, a change in ownership that results in a change of control, or adding a location where you provide at least 50% of an educational program? (See 34 CFR 600.30 and 668.12.)

☐ Yes

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 explanations.

File   Edit   View   Go   Communicator   Help

Foreign Province   Country   Postal Code

[   ]   [▼]   [   ]

Telephone number (including area code)

([   ]) [   ] - [   ]   ext: [   ]

Fax number (including area code)

([   ]) [   ] - [   ]   ext: [   ]

Foreign phone   Foreign fax

[   ]   [   ]

Internet address (if applicable)

[   ]

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.

○ Redisplay this page.
◉ Continue to Section L
○ Go to Section [   ]
○ Return to Index
○ Submit the Application.

[OK/Save Data] or [Restore Original Values]

Document: Done

Warning. Questions 59-68 in Section K were not all answered. Please enter a reason in Question 69 (Section K).

Section L (page 1 of 1) <u>Help</u>   **OPE ID:** 05555500   **School Name:**   Test School Number Five

                                                                                                                                  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

[12/01/1998] (mm/dd/yyyy format)

Name of institution

Test School Number Five

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

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
[▾]	[ ]	[ ]	[ ]	[ ]

Job title

[   ]

Business street address

[   ]

[   ]

City

[   ]

State   Zip   Zip+4

[▾] [   ] - [   ]

Foreign Province   Country   Postal Code

[   ]   [▾]   [   ]

Telephone number (including area code)

([   ]) [   ] - [   ]   ext: [   ]

Fax number (including area code)

([   ]) [   ] - [   ]   ext: [   ]

Foreign phone   Foreign fax

[   ]   [   ]

File   Edit   View   Go   Communicator   Help

Foreign Province   Country   Postal Code

Telephone number (including area code)

([   ]) [   ] - [   ]   ext: [   ]

Fax number (including area code)

([   ]) [   ] - [   ]   ext: [   ]

Foreign phone   Foreign fax

Internet address (if applicable)

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.

○ Redisplay this page.
◉ Continue to Section M
○ Go to Section [   ]
○ Return to Index
○ Submit the Application.

[OK/Save Data] or [Restore Original Values]

Document: Done

Section M (page 1 of 1) Help   **OPE ID:** 05555500   **School Name:**   Test School Number Five
                                                                                                    Fairfax, VA

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

Because Test School Number Five has been designated as a Private, Nonprofit institution on this application, and because this application is for Reapproval (Recertification), the following documents must be submitted in order to complete this application.

- Signature Page (Print Section L and sign it.)
- Current letter of accreditation
- 501(c)(3) designation from the IRS
- Valid state license or other authorization

If you are finished with your application, use the Application Submission page to submit it.

Document: Done

Application for Approval to Participate in Federal Student Financial Aid Programs

Institutional Participation and Oversight Service, U.S. Department of Education

Application Submission

OPE ID: 05555500   **School Name:** Test School Number Five

The following corrections must be made before the application can be submitted.

· Please check type of Credit Hours. Go to Section E (page 2 of 3)

If you need additional help in filling out this application, please countact IPOS. (see introduction for phone numbers.)

Please check type of Credit Hours.

Section E (page 2 of 3) Help   **OPE ID:** 05555500   **School Name:**   Test School Number Five
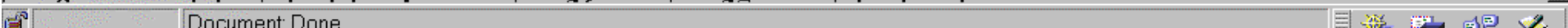
Fairfax, VA

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-degreee undergraduate programs.

	Need More Info	Approved	Institution's Program Name	CIP Code	# of weeks	Clock hours	Credit hours	Type
Update Program		Yes	Commercial Advertising	09.0201	50	100	33	Semester
Update Program		Yes	Accounting Technician	52.0302	30	900	30	Semester
Update Program		Yes	Office Support Technology	52.0408	25	675	21	Semester
Update Program		Yes	Financial Planner	52.0803	30	100	33	Semester
Update Program	*	Yes	Financial Management	52.0803	30	100	33	
Update Program		Yes	Financial Management	52.0803	30	100	33	Semester
Update Program		Yes	Business Software Applications	52.1299	34	900	30	Semester

Click here to add a new undergraduate non-degree program.

Document: Done

Please check type of Credit Hours.

Section E (page 2 of 3) Help   **OPE ID:** 05555500   **School Name:**   Test School Number Five
Fairfax, VA

Name of program

```
Financial Management
```

CIP code *(A list of CIP Codes accompanies this application.)*

52.0803 - Banking and Financial Support Services

Date first provided

```
09/01/1996
```
(mm/dd/yyyy format)

Number of Weeks

```
30
```

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

```
100
```

Number of
credit hours - Type of credit hours (check one)

```
33
```
  ⦿ semester   ◯ trimester   ◯ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

33   ○ semester ○ trimester ○ quarter

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

Is each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

○ Yes ⊙ No

End Date (Enter date if this vocational school program is no longer valid.)

[   ] (mm/dd/yyyy format)

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.

○ 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.

[OK/Save Data] or [Restore Original Values]

Document: Done

Application for Approval to Participate in Federal Student Financial Aid Programs

Institutional Participation and Oversight Service, U.S. Department of Education

Application Submission

OPE ID: 05555500   **School Name:** Test School Number Five

All required entries have been made on your application.

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

Application for Approval to Participate in Federal Student Financial Aid Programs

Institutional Participation and Oversight Service, U.S. Department of Education

Application Submission

OPE ID: 05555500   **School Name:** Test School Number Five

Your application has been received by the Department of Education.

12/01/1998 11:28 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.

Refer to the Electronic Application Introduction for the address where the supporting documentation should be mailed.

Refer to the Application Status page which is available from the Electronic Application Index for information on the status of your application.

Application for Approval to Participate in Federal Student Financial Aid Programs

Institutional Participation and Oversight Service, U.S. Department of Education

Application Status

OPE ID: 05555500   **School Name:** Test School Number Five

Your Reapproval (Recertification) application was submitted on 12/01/1998.

Awaiting initial submission of supporting documentation.

Return to Application Index

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 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?

■ IPOS 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

IPOS Case Management Team Contacts

Internet: 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

IPOS 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) 437-8276

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

QUESTIONS?