

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

SCHEV
James Monroe Building
101 North Fourteenth Street
Richmond, Virginia 23219



Phone: (804) 225-2600
Fax: (804) 225-2604
TDD: (804) 371-8017
Web: www.schev.edu

Commonwealth of Virginia

INSTITUTIONAL CERTIFICATION APPLICATION FORM

I. General Information (each branch operating in Virginia must certify separately. If operating multiple branches under the same legal name, only one fee will be assessed against that name regardless of the number of branches.)

Date of Application _____

Institution Name _____

Virginia Street Address _____ City _____ Zip Code _____

Contact Person _____
Name Title

Contact Street Address _____ City _____ State _____ Zip Code _____

Telephone number () _____ Fax number () _____

Internet Address _____

E-mail Address _____

Chief Executive Officer _____
Name Title

II. Institution Type (based on state of incorporation)

30 Out-of-State, Public _____ 41 In-State, Private, For Profit _____
31 Out-of-State, Private, For Profit _____ 42 In-State, Private, Non Profit _____
32 Out-of-State, Private, Non Profit _____ 70 Religious, Full Exemption _____

III. Accreditation Information Out-of-State Institutions requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education. Unaccredited in-state institutions must submit a plan of action for securing accreditation from an organization recognized by the U.S. Department of Education.

Accredited Yes _____ Name of accrediting institution _____

Accredited No _____ Anticipated date of full accreditation award _____

IV. Ownership Information

Legal name (*corporate or other*) of Institution owner _____

Legal Address (*corporate or other*) on owners _____

Telephone number Fax number
() ()

Ownership Contact Person _____

Telephone number E-mail Address
() _____

Date institution was chartered or authorized to transact business in Virginia (*attach a copy of the Virginia State Corporation Commission certificate*) _____

Date Out-of-State institution was granted authorization to operate from state where main campus is located (*attach a copy of the state authorization document*) _____

V. Degree Levels Offered – (*check all that apply – include only courses/programs that count toward degree credit*)

Diploma _____
Certificate _____
Associates _____
Bachelors _____
Masters _____
Doctoral _____

VI. Fees – (*a company check in the correct, non-refundable amount, made payable to the Treasurer of Virginia, must accompany this application. Indicate which dollar amount your institution has submitted.*)

Out-of-State Institutions \$2,500.00
In-State Accredited Institutions \$2,500.00
In-State Unaccredited Institutions \$6,000.00
Religious Exempt Institutions \$300.00
(Initial) _____

VII. Surety – (*attach a copy of the transacted surety bond form or clean irrevocable line of credit. The surety is based on the non-Title IV funds, which have been received from students or agencies for which the education has not yet been delivered. Institutions certified under this regulation shall be exempt from the surety instrument requirement if they can demonstrate a U.S. Department of Education composite financial responsibility score of 1.5 or greater on their current audited financial statement; or if they can demonstrate a composite score between 1.0 and 1.4 on their current audited financial statement and have scored at least 1.5 in either of the prior two years. Unaccredited institutions must have completed at least one calendar year of academic instruction to qualify for the surety waiver.*)

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Bond Number _____

SURETY BOND

INSTRUCTIONS: This bond must be issued by the representative (attorney in fact) of a corporation authorized to engage in the business of a surety in the Commonwealth of Virginia, is in good standing, and the penal sum of this bond must be within the limitation imposed by Virginia law. All blanks must be completed.

KNOW ALL BY THESE PRESENTS, That we _____ (INSTITUTION)
 Whose address is _____
 hereinafter referred to as "Principal", _____ (NAME OF SURETY)
 and _____
 a corporation organized and existing under the laws of the State of _____
 and duly authorized to do business in the Commonwealth of Virginia, having its principal office address at _____
 _____ (STREET, CITY, STATE)

the Surety, are held and firmly bound unto the Commonwealth of Virginia, State Council of Higher Education, Obligee, in the penal sum of _____ (\$_____) to the payment whereof Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal desires to establish and operate a private institution of higher education under the provisions of Title 23, Chapter 21.1 of the *Code of Virginia* as amended;
 NOW, THEREFORE, the condition of this obligation is such that if the Principal shall operate its private institution of higher education in accordance with Title 23, Chapter 21.1 of the *Code of Virginia*, as amended, then this obligation shall be null and void; otherwise it shall remain in full force and effect. It is the express condition of this bond to indemnify any of the Principal's students suffering loss of tuition and fees in the event of the closing of the Principal's educational institution for any reason whatsoever, as well as its failure to honor its published policy governing refunds of tuition and fees. Provided, however that the Surety's cumulative liability shall not exceed the penalty stated above. The bond shall be renewed and adjusted annually on the renewal date of the annual certification, and new evidence of surety shall be filed with the State Council of Higher Education for Virginia. Any student of Principal asserting a claim within the condition of this bond shall have the right in his or her own name to maintain an action against Surety in the event of Principal's default.

PERIOD OF BOND: _____, 20__ to _____ 20__ ; provided, however, that Surety shall not release any liability of claim arising during said period.

In WITNESS WHEREOF,
 Principal and Surety have caused this instrument to be executed this _____ day of _____

PRINCIPAL, by _____ /
 Signature of Principal's authorized representative (Typed Name)

SURETY _____ /
 Signature of Attorney in Fact (Typed Name)

SEAL OF SURETY

(Place seal in the space above)

Mail copy to the State Council of Higher education. Keep original for your records.

SURETY INFORMATION AND BOND CHECKLIST

PART I

SURETY INFORMATION

Types of Surety

Surety may be in the form of a surety bond (the form on the other side of this sheet), or a clean irrevocable letter of credit (LOC).

Amount of Surety

The bond or LOC shall be adequate to provide refunds to students for the unearned non-Title IV portion of tuition and fees for any given semester, quarter or term and to cover the administrative cost associated with filing a surety claim. The surety instrument shall be based on the non-Title IV funds, which have been received from students or agencies for which the education has not yet been delivered. Contact SCHEV's coordinator for private and out-of-state institutions for additional information.

PART II

BOND CHECKLIST

INSTRUCTIONS: Each box below corresponds, sequentially, to each blank to be filled on the reverse side of this bond form. Check each box to make sure bond form (on the reverse side of this page) is complete.

- Bond number is listed on the top right hand corner of the bond
- The exact legal name of institution is listed as it appears on the institution's approval or corporation's name doing business as (d.b.a) exact legal name of school
- The correct location of the institution is listed as it appears on the institution's approval
- The name of the surety insurance company, (not agency) is given
- The state in which the insurance company does business is given
- The street, city, and state of the insurance company are given
- Amount of bond is given
- Period of bond is given
- Date bond was written is given
- Signature and typed name of institution representative is given
- Signature and typed name of insurance company representative (attorney in fact) is given
- Seal is stamped on the space provided
- The original bond was mailed to the State Council of Higher Education (Institution should keep a copy and insurance agency should keep a copy)

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Private and Out-of-State Institutional Certification

Attestation Statement

(Please type or print in black ink.)

Name of Institution: _____

Date: 11/5/2003

Virginia address - (NOTE: each branch must certify separately, thus an attestation statement must accompany each branch certification application):

Contact Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Corporate address and telephone number if other than above:

Address: _____

Phone: _____ Fax: _____

Certifying official and title if other than above (must be Chief Executive Officer or corporate equivalent):

Official's Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Date of:

Initial Certification: _____

Annual Certification: _____

Certification Statement:

I, _____, (Please print full legal name of Chief Executive Officer) certify that:

I have reviewed Title 23, Chapter 21.1 of the *Code of Virginia*, and the *Virginia Administrative Code* (8 VAC 40-31-10 et seq.) and understand the standards and requirements for operating an institution of higher education in the Commonwealth of Virginia.

I understand, that if at any time _____ (Name of institution requesting certification) fails to meet or to maintain compliance with Council's certification criteria, Council may revoke or suspend its certification. Further, I understand that violations of the administrative code shall be punishable as a Class 1 misdemeanor and that each violation shall constitute a separate offense.

As of the date affixed below, my signature certifies that _____ (Name of institution requesting certification) is in full compliance with applicable standards as specified in § 8 VAC 40-31-140. Further, I understand that it shall be unlawful to knowingly sign this document if it is false in any material respect with the intent that the document be filed with the State Council of Higher Education for Virginia. Knowingly signing a false document constitutes a Class 1 misdemeanor.

Signature: _____

Date: _____

NOTE: You MUST acknowledge your signature above before a Notary Public and the Notary Public must administer an oath and complete the acknowledgement portion of the "Affirmation By All Filers."

Affirmation By All Filers:

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

(Signature of filer) Date: _____

Commonwealth / State of:

City/County of: _____

The forgoing disclosure form was acknowledged before me this -

day , 20

by: _____ (Name of filer)

My commission expires: _____ (Date) _____ (NOTARY PUBLIC)

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INSTITUTIONAL CERTIFICATION CHECKLIST

Regulation reference	Meets Standard	Does Not Meet Standard	Remarks
8 VAC 40-31-140 B 1-8	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 C 1-6	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 D 1-4	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 E 1-4	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 F 1-4	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 G 1-11	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 H 1-3	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 I 1-2	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 J	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 K	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 L 1-2	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 M	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 N	<input type="checkbox"/>	<input type="checkbox"/>	
8 VAC 40-31-140 O	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Institution _____

Signature and Date _____