

Integrated Partner Management (IPM) User Guide

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Draft

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Section 1 Introduction

The Integrated Partner Management (IPM) system user guide ensures the delivery of timely, accurate, and responsive services for U.S. Department of Education, Federal Student Aid (FSA) Partners. The IPM user guide provides step-by-step guidance that:

- Allows for timely completion of the Partner eligibility and enrollment process;
- Delivers a seamless repository for information access and retention;
- Establishes a base of secure and accessible information;
- Offers efficient processes that meet internal and external reporting requirements;
- Improves the overall quality of program compliance by reducing errors, conducting more; complete analysis and receiving timely results;
- Assures flexibility in structuring the program compliance function.

1.1 Purpose

This User Guide is a user-friendly, non-technical document that communicates IPM system processes and provides step-by-step instructions to both internal and external users in order to complete required tasks in the system.

1.2 Scope

This document is a high quality detailed How-To guide that is simple to use, consistent in format, and navigates the users through the IPM application step-by-step, effectively communicating system processes in a reader-friendly narrative.

1.3 Intended Audience

Table 1 Intended Audience and Document Uses

| Users | Relevant Sections | Uses |
|------------------|--------------------------|---|
| External Partner | All | To obtain step-by-step instructions on completing and submitting each application type (i.e., Eligibility and Enrollment, Initial, Recertification) |

1.4 Document Organization

This document comprises the following sections:

Section 1 - **Introduction**: This section provides the background, purpose and scope for this document.

Section 2 – **Opening the Application**: This section provides instructions on how to access the IPM Portal.

Section 3 – **System Navigation**: This section describes the screen navigations for the IPM Portal; focusing on navigation for the following sections: header, top menu bar, application status, left menu, partner summary, body and footer

Section 4 – **Complete the Pre-Eligibility Requirements**: This section describes how users will progress through the steps required to complete the Pre-Eligibility Requirements questionnaire.

Section 5 – **Complete the Pre-Eligibility Application**: This section describes how users will progress through the steps required to complete the Pre-Eligibility Application.

Section 6 - **Complete Eligibility Application**: This section describes how users will progress through the steps required to complete the Eligibility Application.

Section 7 – **Partner Account Management**: This section describes how users may access and edit Partner Account information.

Section 8 – **Submit Partner Financial Statements & Compliance Audits**: This section describes how users will progress through the steps required to submit and maintain their eligibility information including Financial Statements and Compliance Audits.

Section 9 - **Submit Financial Partners Eligibility Applications**: This section describes how users will progress through the steps required to submit the Financial Partners Eligibility Application.

Section 10 – **Other Submissions**: This section describes how users will process and review other submissions required by FSA.

Appendix A – **User Login Process**

Appendix B – **Debarment Process**

Appendix C – **Acronyms and Abbreviations**

Appendix D – Troubleshooting

Appendix E – Technical Support

1.5 Using this document

Please note that many of the pages in this document are landscape orientation. The pages have steps to follow in the left hand columns and sample images in the right-hand columns. The images are dependent on your selections and interactions with the application. We encourage you to have this manual open beside your computer as you familiarize yourself with the application.

Also, please note that many of the pages and sections are hyperlinked. You may simply press the control key and left-click on the hyperlinked text in order to quickly navigate the document.

Section 2 Opening the Application

For a new Partner to gain access to the system, FSA needs to confirm that the organization is not an existing partner, and it meets the minimum eligibility requirements. Therefore, the new Partner will go through the Pre-Eligibility process of agreeing to the [Pre-Eligibility Requirements](#) and submitting the [Pre-Eligibility Application](#).

Returning partners, who have gone through the Pre-Eligibility process can *Sign In* and skip to [Section 6, Complete Eligibility Application](#) of this User Guide.

To login into the IPM application, type <https://ipm.ed.gov> into an Internet browser, the IPM Home Screen appears. This Home Screen is available to the public and appears once the user enters the IPM application URL into their Internet browser. On the Home Screen, the user can *Sign In* as a Guest or Returning Partner.

1. Navigate to IPM Home on your browser.
2. Click the **Sign In** link located at the top of the screen.
3. Navigate through the Security pages listed in [Appendix A](#).



Section 3 System Navigation

This section describes the screen navigation of the system. It focuses on navigation for the following sections: header, top menu bar, application status, left menu, partner summary, body and footer.

SYSTEM NAVIGATION – HOME SCREEN

Header Section

Top Menu Bar Section

Partner Summary Section

Application Status Section

Left Menu Section

Body Section

Footer Section

FIGURE 1: HOME SCREEN

3.1 Header Section

The header section will appear at the top of every IPM screen. The Header section includes -- the FSA logo on the top right side; and on the left side, the *Welcome* user note, the **Login/Logout** button and the name of the Institution the user represents.



FIGURE 2: HEADER

3.2 Top Menu Bar Section

When a user has logged into IPM successfully, the top menu will change, that is-- now the menu being displayed is based on user's role/privilege. Throughout the IPM application, menu bars are based on assigned role(s) and attribute(s).



FIGURE 3: TOP MENU BAR



Select the down arrow to expand the menu to view sub-menu items.

3.5 Left Menu Section

The left menu allows the user to navigate through the application screens. Figure 6 depicts the menu and submenu views.



Based on the Partner type selected in Pre-Eligibility requirements, a different set of menu/submenu items will be displayed.

Partner Types include: Public, Private Non-Profit 501 (c)(3), Institution, For-Profit Proprietary, Foreign Public, Foreign Private Non-Profit, Foreign For-Profit

The following is the Legend for the menu and sub-menu status:

The Red “X” symbol means this section of the application has not yet started (or) is in progress.

The Green check mark symbol means this section of the application has been Completed.

Whenever a menu item is selected by the user and is being worked on, it is considered active.

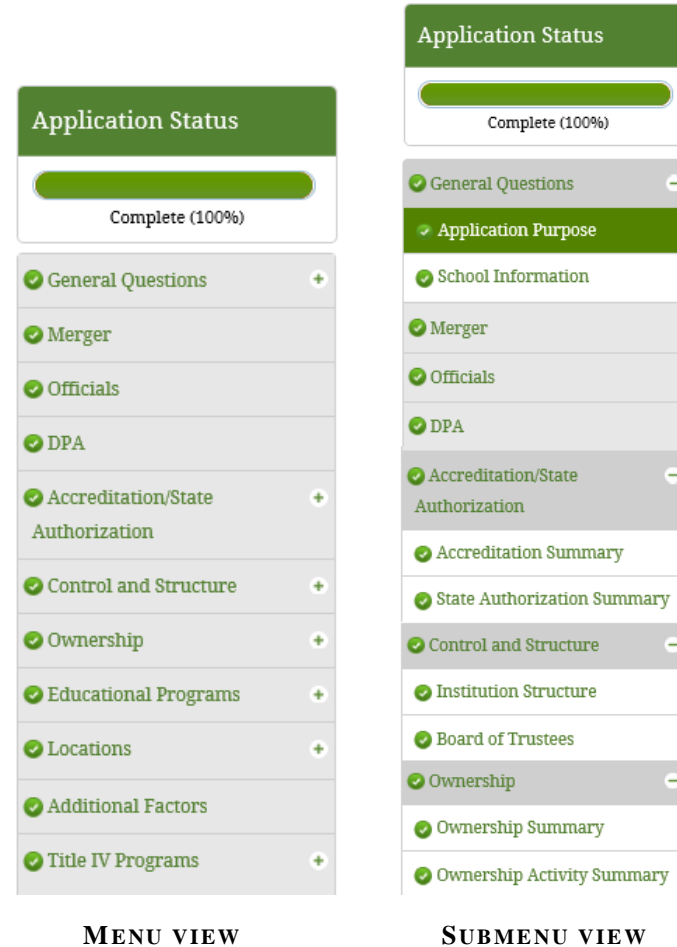


FIGURE 6: LEFT MENU

3.6 Body Section

The Body Section allows users to enter information associated with the selections made from the left menu. For example, in Figure 7, the user selected ✔ School Information from the left menu.

FIGURE 7: BODY

3.7 Footer Section

The Footer section appears at the bottom of every IPM screen. This section provides easy access to important FSA links and Government websites:



FIGURE 8: FOOTER

Section 4 Complete the Pre-Eligibility Requirements

[System Navigation](#)

[Pre-Eligibility Application](#)

The Federal Student Aid (FSA) verifies that an organization is not a current partner. New Partners must meet the minimum eligibility requirements, agree to the Pre-Eligibility Requirements, and submit the [Pre-Eligibility Application](#).



Once the user begins the Pre-Eligibility Requirements (Questionnaire) the questionnaire has to be completed. The user cannot start, save and return at a later time/date to complete the Pre-Eligibility Requirements (Questionnaire).

All Partners can contact FSA via telephone or email requesting information on how to apply for Title IV funds; however, the Partner will be directed to use the Federal Student Aid's Integrated Partner Management System (FSA-IPM) to submit and/or update their information.



New Partners and/or Institutions that are seeking Title IV Certification for the first time or Reinstatement can skip to [Section 6, Complete Eligibility Application](#).

After selecting the appropriate Partner Type, the system will select the proper Pre-Eligibility Requirements screens needed to continue.

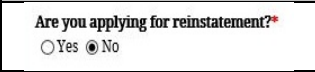












The system performs validation checks on the data submitted in the Pre-Eligibility application. If the Partner is identified as previously existing in the system or if the DUNS number is invalid, the Partner is notified to contact FSA.

4.1 Pre-Eligibility Screen Features and Conventions

The Pre-Eligibility screens include certain features and conventions that are repeated throughout the Pre-Eligibility process. For your convenience, we have provided a description of some of the most common screen elements in the table below.

Table 1 Screen Features and Conventions

| IMAGE | MEANING | DESCRIPTION |
|---|------------------------------------|--|
|  | <p>Required</p> | <p>A red asterisk (*) appears next to each required question.</p> |
|  | <p>Help icon</p> | <p>Click to view more detailed information on any topic.</p> |
|  | <p>Cancel Button</p> | <p>Click to end the session.</p> |
|  | <p>Print Button</p> | <p>Click to print a copy of your Pre-Eligibility information.</p> |
|  | <p>School Handbook Link</p> | <p>When selected, the system opens the latest Domestic or Foreign School Handbook and provides the user with the ability to view and print the Handbook.</p> |
| <p>ADOBE PDF SCREEN FEATURES AND CONVENTIONS*</p> | | |
|  | <p>Previous Page</p> | <p>Click to view previous page</p> |
|  | <p>Next Page</p> | <p>Click to view next page</p> |
|  | <p>Zoom Out</p> | <p>Click to Zoom Out</p> |
|  | <p>Zoom In</p> | <p>Click to Zoom In</p> |

| IMAGE | MEANING | DESCRIPTION |
|---|--------------|-----------------------|
|  | Save | Click to Save a file |
|  | Print | Click to Print a file |

*To view more detailed information regarding navigating Adobe Acrobat PDF pages, click <https://helpx.adobe.com/acrobat/using/navigating-pdf-pages.html>

4.2 Pre-Eligibility Requirements (Questionnaire)

The Pre-Eligibility Requirements (Questionnaire) allows Partners to request approval to be certified to participate in Title IV programs.

This section describes the set of questions that are presented to the Institutions. All Domestic School Institution Types (Non-Profit, For-Profit (Proprietary), and Public) are presented with the same set of questions; however, the Two Year rule is optional for Non Profit and Public Institutions. All Foreign School Institution Types (Public, Private Non-Profit and For-Profit) are presented with the same Institution Type questions and results pages as the Domestic Partners; however, the only additional question Foreign Partners are required to answer is the Country Authorization question. Foreign schools are prefixed by the word Foreign.

To complete the Pre-Eligibility Requirements (Questionnaire), the user is presented with the following screens:

4.2.1 Institution (Partner) Type

1. Select an **Institution Type** from the list.
2. Click **Next**. Based on the Institution Type selected, the system presents a set of questions. The first question for the Public (Domestic) Institution Type, which is the State Authorization question, appears.



The system will not allow you to navigate to the next screen if you have not selected an Institution Type.

A screenshot of a web application window titled "Pre-Eligibility Requirements". The window has a dark blue header. Below the header is a "Summary" section with a green background. The main content area contains text explaining the purpose of the questionnaire and the "Institution Type" section. The "Institution Type" section includes a paragraph of text and a dropdown menu. The dropdown menu is open, showing a list of institution types: Public, Private Non-Profit 501(c)(3) Institution, For-Profit Proprietary, Foreign Public, Foreign Private Non-Profit, and Foreign For-Profit. There are "Cancel" and "Next" buttons at the bottom right of the form.

4.2.2 State Authorization

1. On the *State Authorization* screen, select **Yes** or **No** in response to the question presented.
2. Click **Previous** to return to the previous question.
3. Click **Next**. The [Accreditation](#) screen appears.



The system will not allow you to navigate to the next step until you have answered each question.

The screenshot displays the 'Pre-Eligibility Requirements' interface. On the left, a 'Summary' panel shows 'Institution Type: Public'. The main area is titled 'State Authorization' and contains the following text: 'To qualify as an eligible institution, the institution must be legally authorized as a postsecondary institution in the state in which the institution is physically located, be legally authorized by the Federal Government or an Indian tribe, or be exempt from state authorization requirements as a religious institution.' Below this is a question: 'Do you meet this legal authorization or exemption (as a religious institution) requirement?' with radio button options for 'Yes' (selected) and 'No'. At the bottom, there are three buttons: 'Previous' (green), 'Cancel' (red), and 'Next' (green). A 'Domestic School Handbook' link is visible at the bottom left of the main content area.

4.2.3 Accreditation

1. On the *Accreditation* screen, select **Yes** or **No** in response to the question presented.
2. Click **Previous** to return to the previous question.
3. Click **Next**. The [*Financial Responsibility*](#) screen appears.

The screenshot displays a web interface titled "Pre-Eligibility Requirements". On the left, a "Summary" panel shows "Institution Type: Public" and "State Authorization: Yes". The main area is titled "Accreditation" and contains the text: "Institutions seeking to participate in the Title IV programs must be accredited by an accrediting agency recognized by the U.S. Department of Education for Title IV purposes." Below this is the question "Do you meet this Accreditation requirement?" with radio buttons for "Yes" (selected) and "No". At the bottom, there are three buttons: "Previous" (green), "Cancel" (red), and "Next" (green). A footer link "Domestic School Handbook" is visible in the bottom left corner.

4.2.4 Financial Responsibility

1. On the *Financial Responsibility* screen, select **Yes** or **No** in response to the question presented.
2. Click **Previous** to return to the previous question.
3. Click **Next**. The [Educational Program](#) screen appears.

The screenshot displays the 'Pre-Eligibility Requirements' interface. On the left, a 'Summary' panel lists: 'Institution Type: Public', 'State Authorization: Yes', and 'Accreditation: Yes'. The main area is titled 'Financial Responsibility' and contains the text: 'An institution applying for initial certification must submit two years of audited financial statements to the Department for evaluation of the institution's financial stability. This initial requirement is followed by the annual requirement to submit audited financial statements and Title IV Programs compliance audits.' Below this text is the question 'Do you meet the Financial Responsibility requirement?' with radio buttons for 'Yes' (selected) and 'No'. At the bottom, there are three buttons: 'Previous' (green arrow pointing left), 'Cancel' (red rectangle), and 'Next' (green arrow pointing right). A 'Domestic School Handbook' link is visible at the bottom left of the summary panel.

4.2.5 Educational Programs

1. On the *Educational Programs* screen, select **Yes** or **No** in response to the question presented.
2. Click **Previous** to return to the previous question.
3. Click **Next**. The [Two Year Rule](#) screen appears.

The screenshot shows a web interface titled "Pre-Eligibility Requirements". On the left is a "Summary" sidebar with the following text: "Institution Type: Public", "State Authorization: Yes", "Accreditation: Yes", and "Financial Responsibility: Yes". At the bottom of the sidebar is a link for "Domestic School Handbook". The main content area is titled "Educational Programs" and contains the following text: "Programs that do not lead to a degree, but lead to a certificate, are divided into three categories for program eligibility purposes: At least 600 clock hours, 16 semester or trimester hours, or 24 quarter hours of undergraduate instruction offered during a minimum of 15 weeks of instruction. At least 300 clock hours, 8 semester or trimester hours, or 12 quarter hours of instruction offered during a minimum of 10 weeks of instruction. The program must be a graduate or professional program or must admit as regular students only persons who have completed the equivalent of an associate degree. Short term program: qualifies only for the FFEL and Direct Loan Programs. At least 300 clock hours but less than 600 clock hours of instruction during a minimum of 10 weeks of instruction. The program must admit as regular students some persons who have not completed the equivalent of an associate degree. Short-term programs must also satisfy quantitative factors for completion rates, placement rates, program length and period of existence of the program." Below this text is a question: "Does your institution provide a degree program, or a non-degree program, that meets one of the conditions listed above?" with radio buttons for "Yes" (selected) and "No". At the bottom of the main area are three buttons: "Previous" (green), "Cancel" (red), and "Next" (green).

4.2.6 Two Year Rule

1. On the *Two Year Rule* screen, select **Yes** or **No** in response to the question presented.
2. Click **Previous** to return to the previous question.
3. Click **Next**, the system displays the [Congratulations](#) screen informing you that you have completed the Pre-Eligibility requirements; or the *Non-Eligible* screen informing you that you **do not** meet the Pre-Eligibility requirements.



The Two Year Rule is optional for Non Profit and Public Institutions.

The screenshot shows a web interface titled "Pre-Eligibility Requirements". On the left is a "Summary" panel with the following text: "Institution Type: Public", "State Authorization: Yes", "Accreditation: Yes", "Financial Responsibility: Yes", and "Educational Programs: Yes". At the bottom of this panel is the text "Domestic School Handbook". The main content area is titled "Two Year Rule" and contains the following text: "In order to qualify for initial eligibility, Proprietary Institutions of Higher Education and Postsecondary Vocational Institutions must be in existence for two years. The federal regulations clarify that the two-year rule means that an institution has been legally authorized to provide, and has continuously provided, the same eligible program(s) (as described above) during the 24 months preceding its application for initial eligibility." Below this text is the question "Do you meet this Two Year Rule requirement?" with two radio button options: "Yes" (which is selected) and "No". At the bottom of the main content area are three buttons: "Previous" (green), "Cancel" (red), and "Next" (green).

4.2.7 Congratulations – Eligible or Non-Eligible

4. On the *Congratulations* screen, click **Continue**.
5. The [Pre-Eligibility Application](#) screen appears.
6. To complete the Pre-Eligibility Application, proceed to [Section 5.0](#).
7. If you would like to obtain a copy of your Pre-Eligibility Requirements questions, click **Print**.



If the system determines the Partner is Eligible, the system will prompt you to advance to section 5.0 to complete the pre-eligibility application

Pre-Eligibility Requirements

| Summary | Congratulations |
|--|--|
| Institution Type: Public State Authorization: Yes Accreditation: Yes Financial Responsibility: Yes Educational Programs: Yes Two Year Rule: Yes | <p>Thank you for completing the Pre-Eligibility requirements.</p> <p>Based on your answers, your institution meets the basic Title IV Eligibility requirements. Select continue to complete the next step in the pre-eligibility process. Selecting cancel will end the process without saving your answers.</p> <p>If you would like a print out of the Pre-Eligibility requirements and your answers, please select the print button below.</p> <p>Continue Print Cancel</p> |

Domestic School Handbook

Pre-Eligibility Requirements

| Summary | Sorry |
|--|---|
| State Authorization: No Accreditation: No Financial Responsibility: No Educational Programs: No Two Year Rule: Yes | <p>Thank you for completing the Pre-Eligibility requirements.</p> <p>You do not meet the Pre-Eligibility Requirements to apply for participation in Federal Student Aid Title IV programs.</p> <p>If you would like a printout of all the pre-eligibility questions and your answers, please select the print button below.</p> <p>Print Cancel</p> |

Domestic School Handbook

Section 5 Complete the Pre-Eligibility Application

[Pre-Eligibility Requirements](#)

[Eligibility Application](#)



Once the user begins the Pre-Eligibility Application, the application has to be completed from end-to-end. The user cannot start, save and return at a later time/date to complete the Pre-Eligibility Application.

For a new Partner to gain access to the system, FSA needs to confirm that the organization is not an existing partner, and has not been disbarred. Once the Partner meets the minimum eligibility requirements and respond to the requirements questionnaire in [Section 4](#), they can complete the Pre-Eligibility application process.

After successfully completing and submitting the Pre-Eligibility Application, the system performs several validations to determine if the Partner is eligible to begin the eligibility application process, and a new Partner Profile is created. The system generates a unique Integrated Partner Identification (IPI) Number and sends an email to the Partner's Application Administrator (AA) and the eSign Authority indicated in the Pre-Eligibility application, with a link to submit their PII to complete the Debarment Check.



The system performs validation checks on the data submitted in the Pre-Eligibility application and if the Partner is identified as previously existing in the system or if the DUNS number is invalid, the Partner is deemed ineligible and notified to contact FSA.

5.1 Pre-Eligibility Application

This section describes the set of questions that are presented to the Institutions. All Foreign School Institution Types (Public, Private Non-Profit and For-Profit) are presented with the same application questions and results pages as the Domestic Partners (Non-Profit, For-Profit (Proprietary), and Public); however, the only additional question Domestic Partners are required to answer is the **Accreditation/Authorization** question.

To complete the Pre-Eligibility Application, the user is presented with the following screens:

5.1.1 Gateway

1. On the *Gateway* screen, select **Yes** or **No** in response to the questions presented.
2. Click **Next**. The [Partner Information](#) screen appears.

The screenshot shows a web application interface. On the left is a vertical progress bar with four items: 'Gateway' (checked), 'Partner Information', 'Application Administrator', 'eSign Authority', and 'Accreditation/Authorization'. The main content area is titled 'Gateway' and contains two questions. The first question is 'Are you an eligible institution applying to have one of its eligible additional locations become eligible as a freestanding institution?*' with radio buttons for 'Yes' and 'No'. The second question is 'Are you applying for reinstatement?*' with radio buttons for 'Yes' and 'No'. A 'Cancel' button is at the bottom left and a 'Next' button is at the bottom right.

5.1.2 Partner Information

1. On the *Partner Information* screen, enter the requested information.
2. Make a selection from the list of Countries provided.
3. Enter a date in the **Date** text box.
4. Click **Previous** to return to the previous screen.
5. Click **Next**. The [Application Administrator](#) screen appears.

The screenshot shows the 'Partner Information' form with a sidebar on the left containing navigation links: Gateway, Partner Information (highlighted), Application Administrator, eSign Authority, and Accreditation/Authorization. The form itself has a green header and contains the following fields:

- What is the name of your institution?***: Text box with 'Sam Joseph Institute' entered.
- Where is your Principal location? ⓘ**: Section header.
- Address 1***: Text box with '12 Jamestowne' entered.
- Address 2**: Empty text box.
- Country***: Dropdown menu with 'United States' selected.
- State/Territory***: Dropdown menu with 'New Jersey' selected.
- County***: Dropdown menu with 'Bergen' selected.
- City***: Text box with 'Bergen' entered.
- Zip Code***: Text box with '15161' entered.
- +4**: Empty text box.
- What is your 9-digit Taxpayer Identification Number (TIN) assigned by the IRS? ⓘ**: Text box with '315616116' entered.
- What is your 9-digit DUNS Number ⓘ**: Text box with '161651321' entered.
- Tell us on what date you were both legally authorized to provide and began continuously providing the education or training program(s) for which you are seeking eligibility.***: Date picker with '01/12/2012' selected.

At the bottom of the form are three buttons: 'Previous' (green), 'Cancel' (red), and 'Next' (green).

5.1.3 Application Administrator

1. On the *Application Administrator* screen, enter the requested information.
2. Make selections from the lists provided.
3. Click **Previous** to return to the previous screen.
4. Click **Next**. The [eSign Authority](#) screen appears.

Application Administrator *Required Field

Who is your organization's Application Administrator?
This person will be given access to the Integrated Partner Management system, and will be responsible for the completion of the initial Eligibility application.

Job Title*
AA

Prefix* Chancellor **First Name*** James **MI** **Last Name*** Anderson **Suffix**

E-Mail Address* james.anderson@gmail.com *Please re-enter your E-Mail Address** james.anderson@gmail.com

Address 1 **Address 2** **Address 3**

Country* United States **State/Territory*** New Jersey **County*** Bergen

City* Bergen **Zip Code*** 16516 **+4**

Phone* (551) 566-5161 **Ext.** **Fax** **Fax Ext.**

Navigation: Previous Cancel Next

5.1.4 eSign Authority

1. On the *eSign Authority* screen, enter the requested information.
2. Make selections from the lists provided.
3. Click **Previous** to return to the previous screen.
4. Click **Next**. The [Accreditation Authorization](#) screen appears.

The screenshot shows a web application interface. On the left, a vertical breadcrumb trail contains five items: Gateway, Partner Information, Application Administrator, eSign Authority (highlighted in green), and Accreditation/Authorization. The main content area is a form titled "eSign Authority" with a "Required Field" indicator. The form contains the following fields and controls:

- Job Title***: Text input field containing "ES".
- Prefix***: Dropdown menu with "Dame" selected.
- First Name***: Text input field containing "Patty".
- MI**: Text input field.
- Last Name***: Text input field containing "Elison".
- Suffix**: Text input field.
- E-Mail Address***: Text input field containing "p.elison@gmail.com".
- Please re-enter your E-Mail Address***: Text input field containing "p.elison@gmail.com".
- Address 1***: Text input field containing "2343 Broadwalk".
- Address 2**: Text input field.
- Country***: Dropdown menu with "United States" selected.
- State/Territory***: Dropdown menu with "New Jersey" selected.
- County***: Dropdown menu with "Atlantic" selected.
- City***: Text input field containing "Berden".
- Zip Code***: Text input field containing "09090".
- +4**: Text input field.
- Phone***: Text input field containing "(165) 181-5156".
- Ext.**: Text input field.
- Fax**: Text input field.
- Ext.**: Text input field.

At the bottom of the form are three buttons: "Previous" (green arrow pointing left), "Cancel" (red rectangle), and "Next" (green arrow pointing right).

er.aspx

5.1.5 Accreditation/Authorization

1. On the *Accreditation/Authorization* screen, enter the requested information.
2. Make selections from the list provided.
3. Enter a date in the Date text box.
4. Click **Previous** to return to the previous screen.
5. Click **Submit**. The [Congratulations](#) screen appears, thanking you for completing the Pre-Eligibility Application.

The screenshot shows a web application interface for the 'Accreditation/Authorization' step. On the left is a vertical navigation menu with five items: 'Gateway', 'Partner Information', 'Application Administrator', 'eSign Authority', and 'Accreditation/Authorization' (which is highlighted with a red dot). The main content area is a form titled 'Accreditation/Authorization' with a '*Required Field' indicator. The form contains three questions, each with radio button options for 'Yes' and 'No':

- What is your accrediting agency?*** (Required Field): A dropdown menu is open, showing 'NY Board of Regents, State Ed Dept, Public Postsec Voc Ed, Prctd Nurs'.
- Is this your primary Accreditor?***: The 'Yes' radio button is selected.
- When were you last accredited?***: A date input field contains '11/2016'.

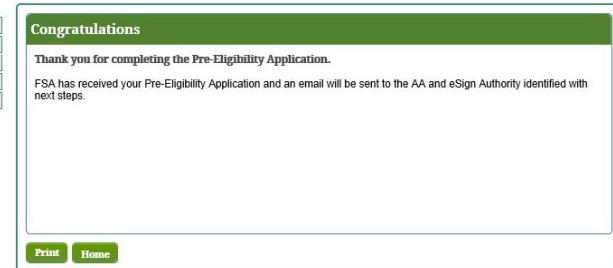
Below the questions is a paragraph of text: 'Are you an institution that is legally authorized by the Federal Government or an Indian Tribe, and, if an Indian Tribe, has a process to review and appropriately act on complaints concerning an institution and enforces applicable tribal requirements or laws?'. The 'Yes' radio button is selected.

At the bottom of the form are three buttons: 'Previous' (green arrow pointing left), 'Cancel' (red rectangle), and 'Submit' (green arrow pointing right).

5.1.6 Congratulations – Pre-Eligibility Application

1. On the *Congratulations* screen, click **Home** to return to the [Gateway](#) screen. The Pre-Eligibility Application is submitted and the Debarment process begins.

| |
|-------------------------------|
| ● Gateway |
| ● Partner Information |
| ● Application Administrator |
| ● eSign Authority |
| ● Accreditation/Authorization |



Debarment Process: The system checks the user data against the debarment list and watch list on SAM.gov. If the user passes the debarment check, the system creates a permanent profile and an email is sent to the user with their user name and password.

Section 6 Complete Eligibility Application

[Pre-Eligibility Requirements](#)

[Pre-Eligibility Application](#)

Now that you have successfully completed and submitted the Pre-Eligibility application, your New Partner profile has been created. Or, if you have an existing account, you start the rest of the process at this step.

The system has set you up with a User account and assigns the role of Application Administrator and eSign Authority to the person(s) indicated in the Pre-Eligibility application. Users may also be assigned a Basic User role and have the ability to access one or more modules.

If the user is a new institution or seeking re-instatement, the Application Administrator may log in to complete the Eligibility Application. For existing institutions, the Destination Point Administrator (DPA), is responsible for completing the application. Once the application is complete, the eSign authority should complete [Section 6.24, Submit School Eligibility Application](#) and submit the application.

6.1 Complete General Questions Section

The General Questions section of the School Eligibility Application allows the Partner to provide basic information about their institution, such as the institution Name, DUNS Number, and Award Year. The system will display the appropriate questions based on the Partner Type and the application purpose.

Based on the Partner Type and the Application Purpose, the General Questions section of the School Eligibility application displays appropriate questions. The Partner is prompted to provide basic information about their institution, and the system includes “help” text for each question.

Partner Type: Domestic & Foreign

1. Click **General Questions** on the Left Menu.



2. IPM displays the *Application Purpose* screen.
3. If you would like to view each definition, click on the *Application Purpose Definitions* link.
4. Select the purpose for your application, then click **Save And Next**.
5. IPM system displays the *School Information* screen.

ated as an eligible institution for other Higher Education Amendments (HEA) programs.

- This is a request to continue to participate in federal student financial aid programs and to continue as an eligible institution for other HEA programs either in response to a recertification notice from the institution's Programs Participation Agreement (PPA) will expire soon.
- This is a request to be reinstated to participate in federal student financial aid programs and/or to continue as an eligible institution for other HEA programs.
- **Recertification**- 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.
- **Merger**- This is a request to merge one or more other participating institutions with this eligible institution.
- **Designated as Eligible**- This is a request to be designated as an eligible institution so that your students may receive federal student loan programs or so that your institution may apply to participate in federal HEA programs other than the Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
- **Update Only**- This is to report changes such as, but not limited to, name or address change, new location or program of offering, or change in officials.

- 6. Provide the requested information on the *School Information* screen, then click **Save And Next**.
- 7. IPM moves to **Merger** on the Left Menu.



Name cannot be in uppercase. The word “The” cannot be used before the Name. The Partner Name cannot include “Corporation” or “District” without FSA approval.

School Information

*Required Field

| | |
|--|---|
| What is the name of your institution?* | What is your institution's website?* |
| <input type="text" value="Sam Joseph Institute"/> | <input type="text"/> |
| Do you have another name, such as trade name or d/b/a name, under which you legally do business as a postsecondary educational institution?* | |
| <input type="radio"/> Yes <input type="radio"/> No | |
| What is your 8-digit OPEID?* | What is your 8-digit IPT?* |
| <input type="text"/> | <input type="text" value="67299497"/> |
| What is your 9-digit Dun & Bradstreet Number (DUNS)? (Enter Numbers Only)* | What is your 9-digit Taxpayer Identification Number (TIN) given to you by the Internal Revenue Service (IRS)? (Enter Numbers Only)* |
| <input type="text" value="161651321"/> | <input type="text" value="319616116"/> |

Award Year

What was your most recently completed award year?*

| | |
|-----------------------------|--------------------------|
| Beginning Date: 07/01/ 2015 | Ending Date: 06/30/ 2016 |
|-----------------------------|--------------------------|

What is your current award year?*

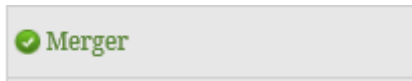
| | |
|-----------------------------|--------------------------|
| Beginning Date: 07/01/ 2016 | Ending Date: 06/30/ 2017 |
|-----------------------------|--------------------------|

Previous Cancel Save And Next

6.2 Complete Merger Section

The Merger Section of the School Eligibility Application allows the Partner to report the merger of its institution with another, or several other, participating School Partner(s). The submission of this type of application allows the surviving School Partner to request approval to continue as certified to participate in Title IV programs, along with the merged locations.

1. Click **Merger** on the Left Menu.



2. IPM displays the *Merger* screen.
3. Click **Add New Merger**.
4. IPM displays the *Merger Details* screen.

Merger

If you are an institution resulting from a merger that you have not previously reported to the Department of Education, give the previous OPEID and (if known) IPI of the former (pre-merger) institutions. Click the Add New Merger button to enter merger detail information.

Add New Merger

Merger Summary

| Previous OPEID | Previous IPI | TIN | Institution Name | Merger Date | Actions |
|----------------|--------------|-----|--|-------------|------------------------|
| 00919000 | 39087887 | | Oregon State System of Higher Education Office | 07/04/2016 | Delete |

Previous **Cancel** **Save And Next**

5. Provide the requested information.
6. Click **Update**.
7. IPM adds the information to the *Merger Summary* table.
8. Click **Save And Next**.
9. IPM moves to **Officials** on the Left Menu.

Merger Details

***Required Field**

Enter either the OPEID or IPI and select "View Locations" to see the locations for the institution that is being included in your Merger.

Provide the date of this merger*

11/27/2016

OPEID Prior to Merger

00919000

IPI Prior to Merger

39087887

Institution Name

Oregon State System of Higher Education Office

TIN(if applicable)

Merging Locations

All of your currently eligible additional locations will be included in this merger. They are listed below.

| OPEID | Location Name | <input type="checkbox"/> |
|----------|--|--------------------------|
| 00919000 | Oregon State System of Higher Education Office | <input type="checkbox"/> |
| 00919002 | Oregon State System of Higher Education Office-New york city | <input type="checkbox"/> |

1 Page size: 10 2 items in 1 pages

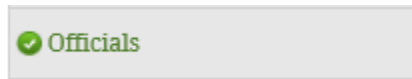
Update **View Locations** **Cancel**

6.3 Complete Officials Section

The Officials section of the School Eligibility Application allows the Partner to provide information about the officials at their institution, such as the President, Chief Financial Officer, and Financial Aid Director (FAD). The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **Officials** on the Left Menu.



2. IPM displays the *Officials* screen.
3. Click **Add Officials**.
4. IPM displays the *Officials Details* screen.
5. Individuals must be identified for each of the following roles:
 - Chief Executive Officer/President/Chancellor
 - Chief Financial Aid Director
 - Chief Fiscal/Financial Officer
 - Financial Aid Director – up to 2 may be identified

Officials

Provide information below about each official at your institution. * You must identify individuals in the following roles at your institution: Chief Executive Officer (CEO)/President/Chancellor; Chief Fiscal/Financial Officer; Chief Financial Aid Director. You may also identify up to two (2) additional Financial Aid Directors. ?

If there is someone you wish us to contact outside of your institution you may enter this individual in the Additional Contacts Section of this application.

Note: Your Chief Financial Aid Director must be a capable individual designated to be responsible for administering all the Federal Student Aid Title IV, HEA programs, and coordinating those programs with the institution's other Federal and non-Federal programs of student financial assistance (See 34 CFR § 668.16). ?

Add Officials ?

Official Summary

| Name ^ | Role | Phone Number | End Date | Actions |
|-----------------------|------|--------------|----------|---------|
| No records to display | | | | |

Previous
Cancel
Save And Next

10. Select the applicable role in the box, and provide the requested information.
11. Click **Update**.
12. IPM adds the information to the *Official Summary* table.
13. Repeat Steps 1 – 5 until information has been entered for all of the required roles.
14. Click **Save And Next**.
15. IPM moves to **DPA** on the Left Menu.

Officials Details ✕

*Required Field

Select the role(s) that this individual performs at your institution. ●

- CEO/President/Chancellor
- Chief Financial Aid Director
- Chief Financial Officer
- Financial Aid Director

Job Title*

Prefix* First Name* MI* Last Name* Suffix

--Select--

E-Mail Address* Please re-enter your E-Mail Address*

Address 1* Address 2

Country* State/Territory* City* Zip Code* *4

United States --Select--

Provide the following Contact information for this Official (include area codes).

Phone* Ext Fax Ext

Provide the following Emergency Contact information for this Official.

Home Telephone Personal Mobile Number Personal E-Mail

Effective Date*

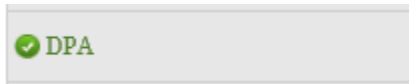
Update Cancel

6.4 Complete DPA Section

The DPA section of the School Eligibility Application allows the Partner to provide information about their institution's Destination Point Administrator (DPA). The DPA is the individual(s) representing a Partner involved in the administration of Title IV student financial aid programs (such as a postsecondary institution, FFEL lender, and FFEL guaranty agency or third-party servicer). Partners can have several DPAs, but only one (1) Primary DPA. The Primary DPA is the only individual who can add users for a Partner and request services for these additional users. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **DPA** on the Left Menu.



2. IPM displays the **DPA** screen.
3. Select a Prefix from the list provided.
4. The IPM System displays a list of available DPAs.
5. Provide the requested information on the **DPA** screen.
6. Correct or confirm all answers, then click **Save And Next**.
7. PM moves to **Accreditation/State Authorization** on the Left Menu.



For initial Eligibility and Reinstatement applications the Application Administrator is responsible for the tasks listed below. Upon approval of the initial Eligibility or Reinstatement applications the Application Administrator user is deleted and the

DPA is responsible for the tasks listed below:

- *The primary official who will interact with the Eligibility Application and the IPM system for Federal Student Aid programs.*
- *Only individual who can add Users for a Partner and request services for Partner Users.*
- *The primary official who can create or delete Partner affiliations with other entities such as Lenders, Third-Party Servicers and Auditors.*

6.5 Complete State Authorization and Accreditation Section

The State Authorization and Accreditation section of the School Eligibility Application allows the Partner to provide information about any state agency and Title IV gatekeeper Accrediting Agency within the United States that provides accreditation or authorization to their institution to provide postsecondary education programs. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **Accreditation/State Authorization** on the Left Menu.



2. IPM displays the *U.S. Accreditation* screen.
3. Click **Add Accreditor** on the *U.S. Accreditation* screen.
4. IPM displays the *U.S. Accreditation Summary* screen. Provide the requested information on the screen.
5. Correct or confirm all answers, then click **Update**.
6. IPM adds the information to the *U.S. Accreditation Summary* table.
7. Click **Save And Next**.



At least one Accrediting Agency must be added. At least one Accrediting Agency must be designated as the Primary Accreditor.

8. IPM displays the *State Authorization* screen.
9. Answer **Yes** or **No** on the screen.
10. If **Yes**, enter the Federal Government/Indian Tribe Name in the space provided.
11. Click *Save And Next*.
12. If **No**, click **Save And Next**.
13. IPM expands the *State Authorization Summary* screen to include the *State Authorization* table.
14. Provide the answers to the required questions, then click **Add State Agency**.
15. IPM displays the *State Authorization Details* screen.

State Authorization

What state agencies/entities legally authorize you as a postsecondary educational institution?*

Are you an institution that is authorized by name to offer educational programs beyond secondary education by the Federal Government; or, as defined in 25 U.S.C. 1802(2), by an Indian tribe?*

Yes No

Federal Government/Indian Tribe Name

Previous
Cancel
Save And Next

State Authorization

What state agencies/entities legally authorize you as a postsecondary educational institution?*

Are you an institution that is authorized by name to offer educational programs beyond secondary education by the Federal Government; or, as defined in 25 U.S.C. 1802(2), by an Indian tribe?*

Yes No

Are you exempted from State authorization as a religious institution under the State constitution or by State law?*

Yes No

What State Agency or Entity provides a process to review and appropriately act on complaints concerning the institution including enforcing applicable State laws?*

Does your state or Indian Tribe have a process to review and appropriately act on complaints concerning the institution including enforcing applicable State or Tribal Government laws?*

Yes No

Add State Agency

State Authorization

| State | Agency/Entity Name | End Date | Actions |
|-----------------------|--------------------|----------|---------|
| No records to display | | | |

Please add at least one (1) entry.

Previous
Cancel
Save And Next

16. Provide the answers to the required questions on the *State Authorization Details* screen.
17. Correct or confirm all answers, then click **Update**.
18. IPM adds the information to the *State Authorization* table.
19. Click **Save And Next**.
20. IPM moves to **Control and Structure** on the Left Menu.

State Authorization Details ✕

*Required Field

Select State*

-- Select -- ▼

Select the name of the state authorizing agency or other entity that legally authorizes you as a postsecondary educational institution or exempts you from state authorization requirements as a religious institution. If your state agency or other entity is not listed, contact Federal Student Aid for assistance

▼

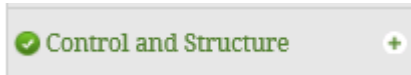
Update **Cancel**

6.6 Complete Control and Structure Section

The Control and Structure section of the School Eligibility Application allows the Partner to provide information about the structure of their institution such as their institution type (For-Profit, Non Profit, Public), their Board of Trustees or Directors, and if their institution has had, or will have, a change in ownership. The system will display the appropriate questions based on the Partner’s type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **Control and Structure** from the Left Menu.



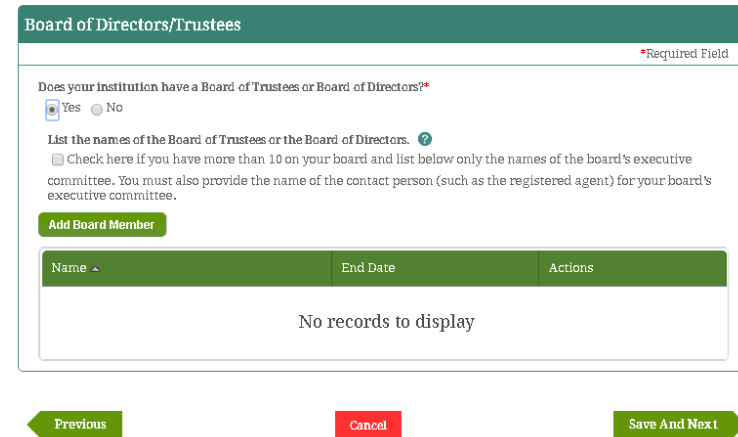
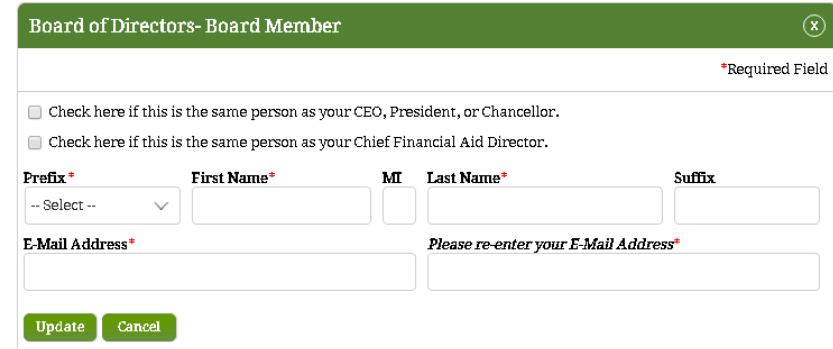
2. The IPM displays the *Institutional Structure* screen.
3. Select the applicable Institutional Structure from the choices provided, then click **Save and Next**.



Based on prior approved application submission(s), the system automatically selects the appropriate type of Institutional Structure.

4. If *Domestic Public Institution* is selected, IPM moves to **Educational Programs** on the Left Menu.

5. If *Domestic Private Non-Profit 501I(3) Institution* is selected, IPM moves to the **Board of Trustees** on the Left Menu.
6. IPM displays the ***Board of Directors/Trustees*** screen.
7. Select **Yes** or **No** on the ***Board of Directors/Trustees*** screen.
8. If **No** is selected on the ***Board of Directors/Trustees*** screen, IPM moves to **Ownership** on the Left Menu.
9. If **Yes** is selected on the ***Board of Directors/Trustees*** screen, IPM expands the ***Board of Directors/Trustees*** screen to include a Board Members table.
10. Click **Add Board Member** and IPM displays the ***Board of Directors-Board Member*** screen.
11. Provide the requested information in the ***Board of Directors-Board Member*** screen, then click **Update**.
12. IPM adds the Board Member information to the Board of Directors/Trustees table.
13. Click **Save And Next**.
14. IPM moves to **Ownership** on the Left Menu.

15. If *Domestic Private For-Profit Institution* is selected, IPM moves to **Board of Trustees of Control and Structure** on the Left Menu.

16. IPM displays the *Board of Directors/Trustees* screen.
17. Select **Yes** or **No** on the *Board of Directors/Trustees* screen.
18. If **No** is selected on the *Board of Directors/Trustees* screen, IPM moves to **Ownership** on the Left Menu.
19. If **Yes** is selected on the *Board of Directors/Trustees* screen, IPM expands the *Board of Directors/Trustees* screen to include a Board Members table.
20. Click **Add Board Member** and IPM displays the *Board of Directors-Board Member* screen.
21. Provide the required information on the *Board of Directors-Board Member* screen, then click **Update**.
22. IPM adds the Board Member information to the Board of Directors/Trustees table.
23. Click **Save And Next**.
24. IPM moves to **Ownership** on the Left Menu.

For Foreign Schools Only

1. Select the applicable Institutional Structure from among these choices, then click **Save And Next**.
2. If *Foreign Public Institution* is selected, IPM moves to **Board of Trustees of Control and Structure** on the Left Menu.
3. IPM displays the *Board of Directors/Trustees* screen.
4. Select **Yes** or **No** on the *Board of Directors/Trustees* screen.
5. If **No** is selected on the *Board of Directors/Trustees* screen, IPM moves to **Ownership** on the Left Menu.
6. If **Yes** is selected on the *Board of Directors/Trustees* screen, IPM expands the *Board of Directors/Trustees* screen to include a Board Members section.
7. Click **Add Board Member** and IPM displays the *Board of Directors-Board Member* screen.
8. Provide the required information on the *Board of Directors-Board Member* screen, then click **Update**.
9. IPM adds the Board Member information to the Board of Directors/Trustees table.
10. Click **Save And Next**.
11. IPM moves to **Ownership** on the Left Menu.

12. If *Foreign Private Non-Profit Institution* is selected, IPM moves to **Board of Trustees of Control and Structure** on the Left Menu.

Institutional Structure

*Required Field

Select your type of institutional structure. Select only one from the choices below.*

Foreign Public Institution

Foreign Private Non-Profit Institution ?

(Note: A foreign private non-profit institution is one that is owned and operated only by one or more non-profit corporations or associations, and either its home country tax authority has designated the institution as a non-profit educational institution or the foreign institution demonstrates to the satisfaction of the Secretary that it is a non-profit educational institution.)
You must include a copy of your non-profit designation status and a certified English translation of your non-profit designated status.

Foreign For-Profit Institution

(Note: Foreign graduate medical schools, foreign veterinary schools whose students complete their clinical training at an approved veterinary school in the U.S., and foreign nursing schools whose students complete clinical training at an approved U.S. hospital or accredited school of nursing in the U.S., and whose students also receive a degree in nursing from an accredited school of nursing in the U.S., are the only foreign for-profit institutions eligible to apply to participate in federal student financial aid programs.)

[Previous](#) [Cancel](#) [Save And Next](#)

13. IPM displays the *Board of Directors/Trustees* screen.
14. Select **Yes** or **No** on the *Board of Directors/Trustees* screen.
15. If **No** is selected on the *Board of Directors/Trustees* screen, IPM moves to **Ownership** on the Left Menu.
16. If **Yes** is selected on the *Board of Directors/Trustees* screen, IPM expands the *Board of Directors/Trustees* screen to include a Board Members section.
17. Click **Add Board Member** and IPM displays the *Board of Directors-Board Member* screen.
18. Provide the requested information on the *Board of Directors-Board Member* screen, then click **Update**.
19. IPM adds the Board Member information to the Board of Directors/Trustees table.
20. Click **Save And Next**.
21. IPM moves to **Ownership** on the Left Menu.
22. If *Foreign Private For-Profit Institution* is selected, IPM moves to **Board of Trustees of Control and Structure** on the Left Menu.
23. IPM displays the *Board of Directors/Trustees* screen.
24. Select **Yes** or **No** on the *Board of Directors/Trustees* screen.
25. If **No** is selected on the *Board of Directors/Trustees* screen, IPM moves to **Ownership** on the Left Menu.
26. If **Yes** is selected on the *Board of Directors/Trustees* screen, IPM expands the *Board of Directors/Trustees*

screen to include a Board Members section.

27. Click “**Add Board Member**” and IPM displays the ***Board of Directors-Board Member*** screen.
28. Provide the required information on the ***Board of Directors-Board Member*** screen, then click **Update**.
29. IPM adds the Board Member information to the Board of Directors/Trustees table.
30. Click **Save And Next**.
31. IPM moves to **Ownership** on the Left Menu.



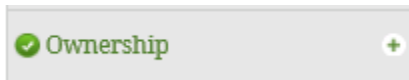
“Foreign Written Agreement” requires the institution to add to the table any programs they offer through an arrangement with another institution (e.g. study-abroad, joint-degree, etc.)

6.7 Complete Ownership Section

The Ownership section of the School Eligibility Application allows the Partner to provide information about their institution's owner(s). The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic and Foreign

1. Click **Ownership** on the Left Menu.



2. IPM displays the *Ownership Summary* screen.
3. Select **Yes** or **No** on the *Ownership Summary* screen.
4. If **No** is selected, click **Save And Next**.
5. IPM moves to **Ownership Activity Summary** on the Left Menu.
6. If **Yes** is selected, IPM expands the *Ownership Summary* screen to include the *Ownership Summary* table.

Ownership Summary *Required Field

Is your institution directly or indirectly owned in whole or in part by any person, partnership, entity, or corporation other than a non-profit corporation at any level within the institution's corporate ownership tree?

Yes No

Previous
Cancel
Save And Next

Ownership Summary *Required Field

Is your institution directly or indirectly owned in whole or in part by any person, partnership, entity, or corporation other than a non-profit corporation at any level within the institution's corporate ownership tree?

Yes No

Provide information for each entity or individual that directly or indirectly owns a 25% or greater interest in your institution.

New owner should be added or provide an explanation in the Additional Information section in the application

| Name | IPI | Ownership Level | Owned% | Start Date | End Date |
|----------------------|-----|-----------------|--------|------------|----------|
| Sam Joseph Institute | | | | | |

[Add Person Owner](#) | [Add Entity Owner](#)

Page size: 10

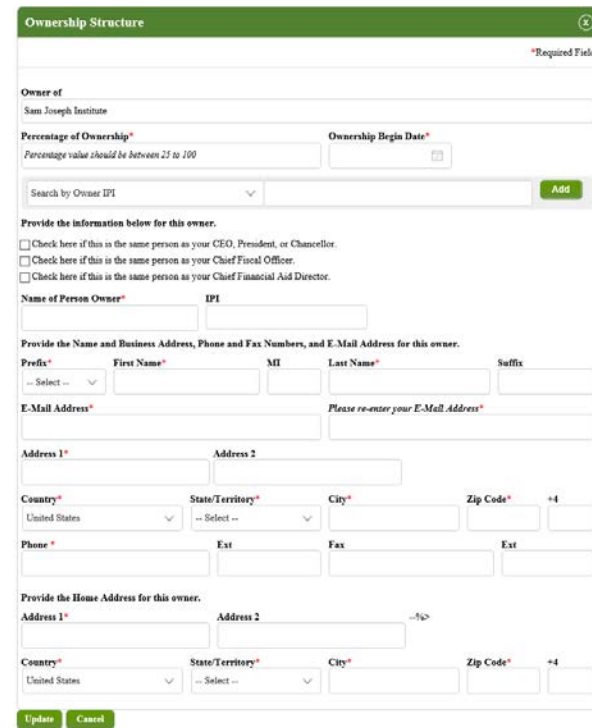
Previous
Cancel
Save And Next



The following steps apply to Domestic, Private and Individual Owners.

7. Click **Add Person Owner**.
8. IPM displays the *[Person] Ownership Structure* screen.
9. Provide the necessary information on the *[Person] Ownership Structure* screen, then click **Update**.
10. IPM adds the information to the *Ownership Summary* table.
11. Click **Save And Next**.
12. IPM moves to **Ownership Activity** on the Left Menu.

 *The following steps apply only to Private, Entity Owners.*



Ownership Structure *Required Field

Owner of
Sam Joseph Institute

Percentage of Ownership* Ownership Begin Date*
Percentage value should be between 25 to 100

Search by Owner IPI Add

Provide the information below for this owner.

Check here if this is the same person as your CEO, President, or Chancellor.
 Check here if this is the same person as your Chief Fiscal Officer.
 Check here if this is the same person as your Chief Financial Aid Director.

Name of Person Owner* IPI

Provide the Name and Business Address, Phone and Fax Numbers, and E-Mail Address for this owner.

Prefix* First Name* MI Last Name* Suffix
-- Select --

E-Mail Address* Please re-enter your E-Mail Address*

Address 1* Address 2

Country* State/Territory* City* Zip Code* +4
United States -- Select --

Phone* Ext Fax Ext


Provide the Home Address for this owner.

Address 1* Address 2 --16>

Country* State/Territory* City* Zip Code* +4
United States -- Select --

Update Cancel

13. If **Yes** is selected, IPM expands the *Ownership Summary* screen to include the *Ownership Summary* table.
14. Click **Add Entity Owner**.
15. IPM displays the *[Entity] Ownership Structure* screen.
16. Provide the necessary information in the Ownership Data section on the *[Entity] Ownership Structure* screen, then click **Continue**.
17. IPM displays the Contact section of the *[Entity] Ownership Structure* screen.
18. Provide the requested information, then click **Update**.
19. IPM adds the information to the *Ownership Summary* table.
20. Click **Save And Next**.
21. IPM moves to **Ownership Activity** on the Left Menu.

 **“Add Entity Owner” applies to a private entity. Each qualifying private entity must be added to the Ownership Summary table.**

22. IPM displays the *Ownership Activity Summary* screen.
23. Select **Yes** or **No** on the *Ownership Activity Summary* screen.
24. If **No** is selected, click **Save And Next**.
25. IPM moves to **Educational Programs** on the Left Menu.

Ownership Activity Summary

*Required Field

Has a person or entity listed above, or a member of that person's family or a director of your institution, owned 25% or more or held a position listed below of either (1) another institution that is now participating in or ever participated in federal student financial aid programs or (2) of a third-party servicer with which you contract for Title IV purposes?*

The ownership could be:

- individual, or
- held by one or more family members, or
- in combination with others, such as a voting trust.

The position held at another institution could be any of the following:

- member of the board of directors, or
- chief executive officer, or
- other executive officer, general partner or director of the institution or servicer.

Yes No

If yes, provide information about each person or entity.

Add

| Name | Liability Owed? | End Date | Will this information continue to apply to your institution about this individual after your Change in Ownership? | Actions |
|-----------------------|-----------------|----------|---|---------|
| No records to display | | | | |

Previous

Cancel

Save And Next

Ownership Activity

*Required Field

What is the name of the owner (either the name of a person or entity) or the Director?*

-- Select --

What is the name of the institution or third party servicer that is or was owned?

Search by IPI

Search

What is your DUNS Number ? ? **If applicable, what is the current or former OPEID?**

Is there any liability currently owed to the Department that was established during the period of ownership or position held?*

Yes No

Update

Cancel

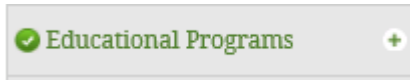
26. If **Yes** is selected, the *Ownership Activity Summary* screen expands to include the *Ownership Activity Summary* table.
27. Click “**Add**”.
28. IPM displays the *Ownership Activity* screen.
29. Provide the requested information, then click **Update**.
30. IPM adds the information to the *Ownership Activity Summary* table.
31. Click **Save And Next**.
32. IPM moves to **Educational Programs** on the Left Menu.

6.8 Complete Educational Programs Section

The Educational Programs section of the School Eligibility Application allows the Partner to identify the types of programs, and the details about each program identified, that the institution currently offers. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic and Foreign

1. Click **Educational Programs** on the Left Menu.



2. IPM displays the *Educational Program Type* screen.
3. Check at least one box on the *Educational Program Type* screen. More than one may be checked.
4. Click **Save And Next**.
5. IPM displays the *Program Summary* screen.
6. Click **Add**, and IPM displays the *Program Details* screen.
7. Provide the required information on the *Program Details* screen.
8. To Search for an SOC Code, click the link provided. IPM opens an additional browser window to the O*NET OnLine website where the correct SOC Code can be found.
9. Correct or confirm all answers on the *Program Details* screen, then click **Update**.
10. IPM adds the information to the *Program Summary* table.

11. Click **Save And Next**.
12. IPM displays the *General Program Information* screen.

13. Select the applicable answer on the *General Program Information* screen from among the choices provided (only one may be selected).
14. Correct or confirm the selection on the *General Program Information* screen, then click **Save And Next**.
15. IPM displays the *Program Contracting Summary* screen.

General Program Information

*Required Field

Do you offer any program by Distance Education?*

None
 50% or less of a program
 More than 50% of a program but less than 100%
 100%

Do you measure student's progress by direct assessment instead of credit or clock hours in any of the programs reported in the Educational Programs question? If yes, please explain, in the Additional Information section of this application, how a student's progress is measured. Also, you must upload documentation that you have received from your accrediting agency regarding this method of measurement in the Upload Documents section of this application.*

Yes No

Previous
Cancel
Save And Next

Program Contracting Summary

*Required Field

Do you currently contract with any institution or organization that is not eligible to participate in the U.S. Federal Student Aid Programs to provide any portion (including direct instruction, practicum experience, co-op experience, etc.) of your educational program(s)?*

Yes No

If you have contracted with any ineligible institution or organization to provide any portion of an educational program, please provide details about the contract.

Add

| Program Name | Name of Ineligible Institution or Organization | Percentage of Program Contracted | Actions |
|-----------------------|--|----------------------------------|---------|
| No records to display | | | |

If any of your contracted organizations is an ineligible institution or organization, did this institution or organization have its eligibility to participate in the Title IV, HEA programs terminated by the Secretary, have its certification to participate in the Title IV, HEA programs revoked by the Secretary, or have its application for certification, or re-certification, to participate in the Title IV programs denied by the Secretary?*

Yes No

Previous
Cancel
Save And Next

16. Select **Yes** or **No** on the *Program Contracting Summary* screen.
17. If **No** is selected, click **Save And Next**.
18. IPM moves to **Locations** on the Left Menu.
19. If **Yes** is selected, click **Save And Next**
20. IPM displays the *Program Contracting Details* screen.
21. Provide the requested information on the *Program Contracting Details* screen, including the Business Address of the ineligible institution or organization.
22. Correct or confirm all of the answers on the *Program Contracting Details* screen, then click **Update**.
23. IPM adds the information to the *Program Contracting Summary* table.
24. Click **Save And Next**.
25. IPM moves to **Locations** on the Left Menu.

Program Contracting Details
✕

*Required Field

Name of Program*

What percentage of the educational program is contracted out to this ineligible institution or organization?*

 %

Search by IPI

Search for IPI here...

Search

OPEID of the ineligible institution (if applicable)

IPI of the ineligible institution (if applicable)

Name of Ineligible Institution or Organization*

Provide the Business Address of the ineligible institution or organization below.

Corporate Name (if applicable)

Address 1*

Address 2

Country*

State/Territory*

City*

Zip Code*

+4

If this contracted organization is an ineligible institution, did this institution withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education ? ⓘ

Yes
 No

Check here if any owner or person listed in the Ownership section of this application meets at least one of the following criteria

- directly or indirectly owns or controls 25% or more of the ineligible institution or organization
- directly or indirectly serves as a director or as an executive officer of the ineligible institution or organization

Update

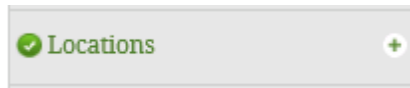
Cancel

6.9 Complete Locations Section

The Locations section of the School Eligibility Application allows the Partner to identify the location(s) where their institution currently operates. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **Location** on the Left Menu.



2. IPM displays the *Principal Location* screen.
3. Provide the information requested.
4. Correct or confirm all answers, then click **Save and Next**.
5. IPM displays the *Additional Location Summary* screen.
6. Information about any location in addition to the primary location must be provided.



The Principal Location does not need to be the same as the mailing address; however, if they are different, both addresses must be provided.

Principal Location *Required Field

Students must physically attend classes at this location.*

Students "attend" this location via Distance Education only.*

Students "attend" this location both physically and via Distance Education.*

What is the name and address of your principal location? ?

Name of Location*

The following will be this location's Name for the Federal School Code listing. If you would like to change the Name used for this location for the Federal School Code listing, you may do so here. ?

| | |
|---|---|
| <p>Provide the legal Address of Principal Location</p> <p>Address 1* <input type="text" value="123 Test Street"/></p> <p>Address 2 <input type="text"/></p> <p>Country* <input type="text" value="Canada"/></p> <p>Foreign Province <input type="text"/></p> <p>City* <input type="text" value="Toronto"/></p> <p>Postal Code <input type="text"/></p> <p>OPEID <input type="text"/></p> | <p>Provide the Mailing Address of your institution</p> <p>Mailing Address is same as <input type="text" value="Same as principal location"/></p> <p>Address 1* <input type="text" value="123 Test Street"/></p> <p>Address 2 <input type="text"/></p> <p>Country* <input type="text" value="Canada"/></p> <p>Foreign Province <input type="text"/></p> <p>City* <input type="text" value="Toronto"/></p> <p>Postal Code <input type="text"/></p> |
|---|---|

IPI

Previous
Cancel
Save And Next

7. Click **Add Location**, and IPM displays the *Additional Locations* screen.
8. Provide the information requested on the *Additional Locations* screen— for both Basic Location Information and Location Business Address.
9. Click **Continue** to go from the Basic Location Information to the Location Business Address.
10. Once all information has been provided, click **Update**, IPM adds the information to the *Additional Locations* table.
11. Click **Save And Next**.
12. IPM displays the *Domestic School Foreign Location Enrollment* screen.



The total number of students at each location who are eligible for Title IV funding must be provided –Foreign and Domestic.

Additional Location Summary

Provide the following information for any 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.

Add Location

| OPEID | IPi | Location Name | City | State | End Date | Current Federal School Code | FSC Status | FSC Cross Reference | Actions |
|-----------------------|-----|---------------|------|-------|----------|-----------------------------|------------|---------------------|---------|
| No records to display | | | | | | | | | |

-- Select --
Redesignate

Previous
Cancel
Save And Next

Additional Locations ✕

*Required Field

Basic Location Information

Location Business Address

Students must physically attend classes at this location.*

--Select--

Students "attend" this location via Distance Education only.*

--Select--

Students "attend" this location both physically and via Distance Education.*

--Select--

Institute Name*

Sam Joseph Institute

Location Name

Do you want this location to have a Federal School Code?*

Yes No

OPEID

IPi

DUNS Number ?

Continue
Cancel

- 13. Select **Yes** or **No**.
- 14. If **No**, Click **Save and Next** and IPM moves to **Title IV Programs** on the Left Menu.
- 15. If **Yes**, IPM expands the ***Domestic School Foreign Location Enrollment*** screen to include 2 fields.
- 16. Provide the applicable number of students in each field, then click **Save And Next**.
- 17. IPM moves to **Title IV Programs** on the Left Menu.

Domestic School Foreign Location Enrollment *Required Field

Does your institution enroll students at a foreign location of your institution, who are eligible to receive Title IV, HEA program funds? ?

(Note: For this question, the term "foreign location" includes approved additional locations, and unreported locations where students receive less than 50% of an eligible program.)

Yes No

Number of Title IV eligible students who attend the U.S. location(s) of your institution*

Number of Title IV eligible students who attend the foreign location(s) of your institution*

PreviousCancelSave And Next

6.10 Complete Additional Factors Section

The Additional Factors section of the School Eligibility Application allows the Partner to provide information about the institution's Ability to benefit students, incarcerated students, correspondence students, and correspondence courses. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic

1. Click **Additional Factors** on the Left Menu.
2. IPM displays the *Additional Factors* Screen.
3. Select **Yes** or **No** for each question.
4. Once each question is answered, click **Save and Next**.
5. IPM moves to **Title IV Programs** on the Left Menu.

A screenshot of a web form titled 'Additional Factors' in a dark green header. The form contains several questions with radio button options for 'Yes' and 'No'. The first question is about Title IV award years and correspondence courses. The second question is about correspondence courses for regular students. The third question is about high school diplomas for regular students. The fourth question is about incarcerated students. At the bottom of the form are three buttons: 'Previous' (green arrow pointing left), 'Cancel' (red rectangle), and 'Save And Next' (green arrow pointing right).

Additional Factors *Required Field

The Title IV Award Year runs from July 1 through June 30. The "Most Recently Completed Award Year" is the most recently completed 12-month period that began with July 1 and ended with the most recently past June 30.

For the most recently completed award year, were more than 50% of your courses taught by means of correspondence? (See CFR § 600.7 and 668.38)*

Yes No

For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses? (See CFR § 600.7 and 668.38)*

Yes No

For the most recently completed award year, did more than 50% of your regular students have neither a high school diploma nor the recognized equivalent of a high school diploma? (See CFR 600.7)*

Yes No

During the most recently completed award year, were more than 25% of your regular students incarcerated? (See CFR § 600.7)*

Yes No

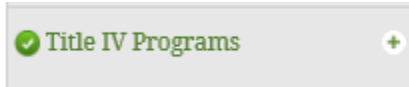
Previous **Cancel** **Save And Next**

6.11 Complete Title IV Programs Section

The Title IV Programs section of the School Eligibility Application allows the Partner to indicate the Title IV Programs for which the Partner is requesting eligibility. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **Title IV Programs** on the Left Menu.



2. IPM displays the *Title IV Programs* screen.
3. Check each box next to the program(s) for which Eligibility Application is being made.
4. Click **Save And Next**, and IPM moves to **More Details** on the Left Menu.



At least one Title IV program must be selected.

Title IV Programs Details

*Required Field

Indicate all of the federal student financial aid programs in which you are seeking approval to participate. *

Federal Grant Programs

- Federal Pell Grant Program
- Federal Supplemental Educational Opportunity Grant (FSEOG) Program
- Iraq / Afghanistan Service Grant
- Teacher Education Assistance for College and Higher Education (TEACH) Grant Program

Federal Work Study (FWS) Program

- Federal Work Study- regular or general
- Job Location and Development (JLD) Program
- Private-Sector Employment

William D. Ford Federal Direct Loans Program (Direct Loans Program)

Indicate Specific Programs within the Direct Loans Program for which you are seeking approval to participate.

- Federal Direct Loans Program (subsidized)
- Federal Direct Loans Program (unsubsidized)
- Federal Direct PLUS Loan Program

Federal Perkins Loans

- Federal Perkins Loan Program

Previous Cancel Save And Next

6.12 Complete More Details Section

The More Details section of the School Eligibility Application allows the Partner to provide additional information about their institution, such as information about the financial aid staff and about the number of students who currently attend their institution. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **More Details** on the Left Menu.



2. IPM displays the *More Details* screen.
3. Provide the required information.
4. Click **Save And Next**.
5. IPM moves to **Vocational Programs** on the Left Menu, and displays the *Vocational Programs* screen.
6. Check the box for each program. The selected programs have to have been provided *continuously for the most recent 24 months*.
7. Click **Save And Next**.
8. IPM moves to **Third Party Servicer** on the Left Menu.

| Program Name | CIP Code | Number Of Weeks | Clock Hours | Credit Hours | For each program, check here if you have provided the program continuously for at least the most recent 24 months |
|--------------|----------|-----------------|-------------|--------------|---|
| Chemistry | 40.0402 | 20 | 60 | | <input checked="" type="checkbox"/> |



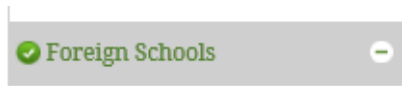
This information is required to help determine if the Institution is eligible for Title IV funding. Only Domestic Schools move to Third Party Servicer, following Vocational Programs.

6.13 Complete Foreign Schools Section

The Foreign Schools section of the School Eligibility Application allows the Partner to provide specific information about their foreign institution. This section is visible only to and required to be answered by Foreign School Partner types only. The system will display the appropriate questions based on the application purpose once the Partner has accessed their homepage and has opened the School Eligibility Application.

Partner Type: Foreign

1. Click **Foreign Schools** on the Left Menu.



2. IPM displays the *Foreign School Initial Questions* screen.
3. Answer each question with **Yes** or **No**.
4. Once all questions are answered, click **Save And Next**.

5. IPM displays the *Foreign School Program* screen.
6. Answer **Yes** or **No** to the question on the screen.
7. If **Yes** selected, IPM expands the *Foreign School Program* screen to include the *Validating Institution* table and follow up questions.
8. Click **Add**, and IPM displays the *Validating Institution* screen.

| Institution Name | Validated Program(s) | Actions |
|--|----------------------|---------------|
| Anglo European College of Chiropractic | Biology | Edit Delete |

9. Provide the requested information, then click **Update**.
10. IPM adds the information to the *Validating Institution* table.
11. Click **Save And Next**.
12. IPM displays the *Foreign Schools – U.S. Administrative Offices & Accrediting Agencies* screen.

13. Answer each question with **Yes** or **No**.
14. If the answer is **Yes** to either question or both, additional information will need to be provided.
15. Click **Add** to provide the required additional information.
16. IPM displays the *Accrediting Agency(s)* screen.

| Agency Name | Date Accredited | Years Accredited | Actions |
|--|-----------------|------------------|---|
| Accrediting Bureau of Health Education Schools | 10/2016 | 5 | Edit Delete |



A copy of the legal authorization document from the Institution’s home country will need to be uploaded — this document must meet the Department of Education requirements. This task will be completed in the [Upload Documents](#) section.

17. Provide the required information on the *Accrediting Agency(s)* screen, then click “Update”.
18. IPM adds the information to the *Accrediting Agency(s)* table.
19. Click **Save And Next**.
20. IPM displays *Foreign Schools – Title IV for Medical, Veterinary and Nursing* screen.

21. Answer **Yes** or **No**, click **Save And Next**.
22. If **Yes** to Medical Program, IPM moves to the Foreign Medical menu item on the Left Menu.
23. If **Yes** to Veterinary Program, IPM moves to the **Foreign Veterinary** menu item on the Left Menu.
24. If **Yes** to Nursing Program, IPM moves to the **Foreign Nursing** menu item on the Left Menu.
25. If **Yes** to any program, but not seeking Title IV, IPM moves to the next appropriate menu item on the Left Menu. This applies to any of the programs.

6.14 Complete Foreign Medical Schools Section

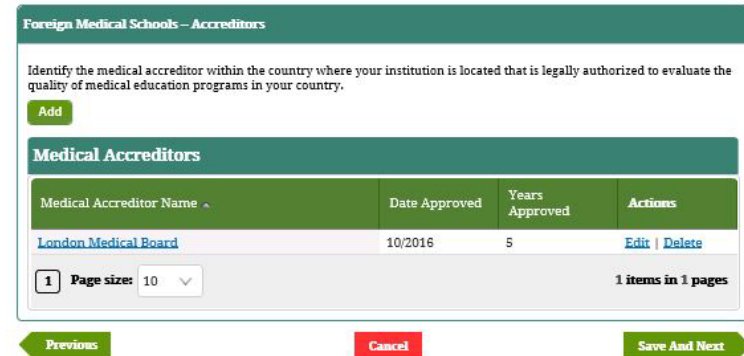
The Foreign Medical Schools section of the School Eligibility Application allows the Partner to provide specific information about their foreign medical school for which the Partner is seeking eligibility to participate in federal student financial aid programs. This section is visible only to and required to be answered by Foreign School Partner types only. The system will display the appropriate questions based on the application purpose once the Partner has accessed their homepage and has opened the School Eligibility Application.

Partner Type: Foreign

1. Click **Foreign Medical Schools** on the Left Menu.



2. IPM displays the *Foreign Medical Schools-Accreditors* screen.
3. Click **Add**.
4. IPM displays the *Medical Accreditors* screen.



Foreign Medical Schools - Accreditors

Identify the medical accreditor within the country where your institution is located that is legally authorized to evaluate the quality of medical education programs in your country.

Add

| Medical Accreditor Name | Date Approved | Years Approved | Actions |
|--------------------------------------|---------------|----------------|---|
| London Medical Board | 10/2016 | 5 | Edit Delete |

1 Page size: 10 1 items in 1 pages

Previous **Cancel** **Save And Next**

5. Provide the Medical Accreditor information. At least one Medical Accreditor must be added.
6. Click **Update**, and IPM adds the information to the *Medical Accreditors* table.
7. Click **Save and Next**.
8. IPM displays the *Foreign Medical Schools – Locations* screen.

9. Click **“Add”**.
10. IPM displays the *Foreign Medical Schools - Locations* screen.
11. Provide the Foreign Medical Schools – Locations information.

Medical Accreditors
✕

*Required Field

Medical Accrediting Agency or Ministry*

-- Select --
▾

Note: If you choose "Other" from the list above, provide the name and address of the evaluating agency that is legally authorized to approve, accredit or recognize medical schools in your country.

Address 1*

Address 2

Address 3

Country*

Canada
▾

Foreign Province

City*

Postal Code

International Phone Number (including country code)* ?

Ext

International Fax Number (including country code) ?

Ext

Is your medical school currently approved by this medical accrediting agency?*

Yes No

If yes, What month/year did the medical accrediting agency last approve the medical school?*

Note: At time of application submission, a copy of the medical accreditor's approval document will be required to be uploaded.

For how many years did the evaluating agency extend its approval?*

Update
Cancel

Foreign Medical Schools – Locations

Identify all locations where your medical students receive basic science or clinical instruction.

Note: Do not report medical clinical training locations that meet each of the following criteria:

- The location is not used to provide core or required medical clinical training rotation; and,
- The location is not used regularly, but instead is chosen by individual students who take no more than two electives at the clinical training location and the combined length of the two electives does not exceed eight weeks.

Add

| Location Name | Instruction Type | Country | Date instruction first offered | Current Location Eligibility Status | Date of Location Eligibility | Actions |
|----------------|---|---------|--------------------------------|-------------------------------------|------------------------------|---------------|
| Medical School | Basic Sciences Clinical Instruction - Core Required | England | 01/01/2014 | | | Edit Delete |

1 Page size: 10 ▾
1 items in 1 pages

Previous
Cancel
Save And Next

12. Click **Yes** or **No** to the questions at the bottom of the screen.

At least one location must be added, and all locations must be added.

13. Click **Update**, and IPM adds the information to the *Foreign Medical Schools Locations* table.

14. Click **Save And Next**.

15. IPM displays the *Foreign Medical Additional Question* screen.

Foreign Medical Schools - Locations *Required Field

Enter the name and address of your foreign medical school location.

Name of location*

Address 1* Address 2

Country* Foreign Province City* Postal Code

International Phone Number (including country code)* Ext International Fax Number (including country code)* Ext

Provide information about a contact at this location.

Prefix* First Name* MI Last Name* Suffix

E-Mail Address* Please re-enter your E-Mail Address*

International Phone Number (including country code)* Ext International Fax Number (including country code)* Ext

Instruction Type*

Note: Identify the type(s) of medical instruction provided at this location. Select all that apply:

Basic Science
 Clinical Instruction-Care Clinical
 Clinical Instruction-Surgical Clinical
 Clinical Instruction-Not Required Clinical

Indicate the date that instruction was first offered to your medical students at this location.*

Check here if your institution ceased to offer a clinical training program at this location or it is no longer approved to offer the clinical training program.

Is this location in a country other than the United States that the NCFMEIA has determined uses comparable medical accrediting agency approval standards?*

Yes No

Has the medical accrediting agency in your home country conducted an on-site evaluation and specifically approved this clinical training site?*

Yes No

Update **Cancel**

16. Check and select appropriate boxes and “Yes” or “No” to the requested information.
17. Click “Add New Record”.
18. IPM displays the *Add New Records* screen.

Foreign Medical Schools – Additional Question *Required Field

Does your foreign graduate medical school provide any of the following types of medical educational programs? (check each type of program that is offered)

Post baccalaureate/equivalent medical programs Please enter the Program Length in months:

Other types of programs that lead to employment as a doctor of osteopathic medicine, or doctor of medicine

Check here if you require U.S. citizens, U.S. nationals and U.S. lawful permanent residents accepted for admission into a post-baccalaureate/equivalent medical program to take the Medical College Admission Test (MCAT)

Check here if you require U.S. citizens, U.S. nationals and U.S. lawful permanent residents to report their MCAT scores to you.

Check here if you reported the MCAT scores achieved by U.S. citizens, U.S. nationals and U.S. lawful permanent residents and a statement of the number of times each U.S. citizen, U.S. national or U.S. lawful permanent resident took the MCAT examination in the preceding calendar year to the medical school's accrediting authority.

Review the following statements concerning data collection and reporting, and check each that apply to your institution

Check here if your institution has determined the consent requirements for and requires the necessary consents of ALL students accepted for admission for whom the institution must report to comply with data collection and submission requirements, including, but not limited to: (check each that applies)

MCAT scores

USMLE performance

U.S. medical residency programs placement rate data

U.S. citizenship rate data

Check here if your institution has a data collection and reporting system that allows you to report all required information to the U.S. Department of Education and your medical school accrediting agency.

Check here if a privacy law or a data protection law in your country prevents you from providing MCAT scores, USMLE scores, placement rates in U.S. medical residency programs, or citizenship/residency data for your medical students or graduates to the U.S. Department of Education or to your medical school's accrediting agency.

Check here if your medical school is located in Canada and you have an agreement with the National Board of Medical Examiners (NBME) or other entity to receive test performance data for your medical students and recent graduates who were first-time test-takers on the following steps/levels of the United States Medical Licensing Examination (USMLE): Step 1-Basic Science, Step 2-Clinical Skills (Step 2-CS), and Step 2-Clinical Knowledge (Step 2-CK) during in the Upated Document section.

Does your institution have a Performance Information Agreement (PIA) with the Educational Commission for Foreign Medical Graduates (ECFMG)?

@ Yes No

If yes, the partner must submit any report produced and obtained from ECFMG that provides data about the performance of your medical students and recent graduates who were first-time test-takers on the following steps/levels of the United States Medical Licensing Examination (USMLE): Step 1-Basic Science, Step 2-Clinical Skills (Step 2-CS), and Step 2-Clinical Knowledge (Step 2-CK) during in the Upated Document section.

(Note: Recent graduates include each student who graduated from the medical school during identified in Question above and in the two preceding years.)

Enter the dates of medical school graduations within the past two twelve-month periods.

Add New Record

| Enter the graduation date - | Identify the number of medical school graduates in the graduating class | Actions |
|-----------------------------|---|------------------------|
| 11/01/2016 | 123 | Delete |

[Previous](#) [Cancel](#) [Save And Next](#)

19. Provide the requested information, then click “Add”.
20. IPM adds the information to the *Graduation* table.
21. Click **Save And Next**.
22. IPM displays the *USMLE Exemptions* screen.

Add New Record X

*Required Field

Enter the Graduation Date*

Identify the number of school graduates in the graduating class* ✔

[Add](#) [Cancel](#)

23. Click **Yes** or **No** to the questions on the screen. Reporting whether any of the Institution's locations have been continually operating for such a period as to cause exemption under USMLE is *Required*.

24. Click **Save And Next**, and IPM moves to **Foreign Veterinary Schools** on the Left Menu.

The screenshot shows a form titled "USMLE Exemptions" with a green header. A red asterisk and the text "Required Field" are in the top right corner. The form contains two questions, each with radio button options for "Yes" and "No".

Question 1: "Does your institution have a clinical training program that was approved by a state on or before Jan. 1, 1992 and has it continuously operated a clinical training program in at least one state that approves the program?" (Required Field). The "No" option is selected.

Question 2: "Does your institution have a clinical training program that was approved by a state prior to Jan. 1, 2008 and has it continuously operated a clinical training program in at least one state that approves the program?" (Required Field). The "No" option is selected.

At the bottom of the form are three buttons: "Previous" (green arrow pointing left), "Cancel" (red rectangle), and "Save And Next" (green arrow pointing right).

6.15 Complete Foreign Veterinary Schools Section

The Foreign Veterinary Schools section of the School Eligibility Application requires the Partner to provide specific information about their foreign veterinary school for which the Partner is seeking eligibility to participate in federal student financial aid programs. This section is visible only to and required to be answered by Foreign School Partner types only. The system will display the appropriate questions based on the application purpose once the Partner has accessed their homepage and has opened the School Eligibility Application.

Partner Type: Domestic

1. Click **Foreign Veterinary Schools** on the Left Menu.



2. IPM displays the *Foreign Veterinary Schools – Accreditors and Graduation Dates* screen.
3. Select **Yes** or **No** for the first question on the screen. If currently accredited, at least one accrediting agency must be added.
4. Click **Add**, and IPM displays the *Accreditor Detail* screen.

Foreign Veterinary Schools – Accreditors and Graduation Dates * Required Field

Do you have an entity in your country that is legally authorized to evaluate the quality of your program of classroom and clinical veterinary instruction?*

Yes No

If yes, provide the name and address of the entity in your country that is legally authorized to evaluate veterinary instruction offered in your country.

[Add](#)

| Veterinary Accreditors | | | | |
|------------------------|---------------|----------------|----------|---|
| Agency Name | Date Approved | Years Approved | End Date | Actions |
| Accreditor | 10/2016 | 5 | | Edit Delete |

Is your veterinary school accredited by the American Veterinary Medical Association Council on Education (AVMACOE)?*

Yes No

If yes, provide a copy of your most recent accreditation letter in the Upload Documents section of this application.

If yes, what month/year did the AVMACOE last accredit your institution?*

October, 2016

For how many years was this accreditation granted?*

5

Identify the graduation dates and the number of veterinary students who graduated from your veterinary school within the last two 12 month periods.

[Add New Record](#)

| Date of Veterinary School Graduation | Number of Veterinary School Graduates in this Graduating Class | Actions |
|--------------------------------------|--|------------------------|
| 10/04/2016 | 20 | Delete |

[Previous](#)
[Cancel](#)
[Save And Next](#)

5. Provide the information, then click “**Update**”.
6. IPM adds the accrediting agency detail to the *Veterinary Accreditors* table.
7. Continue on to the next questions.
8. Click **Add New Record**, and IPM displays the *Accrediting (Foreign Nursing)-Detail* screen.
9. Provide the information. Information about all graduations within the last two 12-month periods must be provided.
10. Once finished providing the information, Click **Update**.
11. IPM adds the graduation information to the *Foreign Veterinary Schools Graduation* table.
12. Click **Save and Next**.
13. IPM displays the *Foreign Nursing Schools – Locations* screen. Information for at least one location and all locations must be provided.

Accrediting (Foreign Nursing)-Detail

Choose your Accrediting Agency: -- Select -- | Name of the Accrediting Agency*: Joseph Firm

Address 1*: 12 Kings Garden | Address 2: |

Country*: England | Foreign Province: | City*: London | Postal Code: |

International Phone Number (including country code)*: +93-75692756726952 | Ext: | International Fax Number (including country code)*: | Ext: |

E-Mail Address (if Applicable): | Date Approved*: January, 2015 | Years Approved*: 5

Provide the following information for a contact at this entity.

Prefix*: Chancellor | First Name*: Charles | MI: | Last Name*: Duke | Suffix: |

E-Mail Address*: CDuke@gmail.com | Please re-enter your E-Mail Address*: CDuke@gmail.com

International Phone Number (including country code)*: +3-51651326151321 | Ext: | International Fax Number (including country code)*: | Ext: |

Update **Cancel**

Foreign Nursing Schools- Locations

Identify all locations where your nursing students receive basic science or clinical instruction.

Add

| School / Facility Name | Basic Science | Clinical | Actions |
|------------------------|-------------------------------------|-------------------------------------|---|
| London Nursing School | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Edit Delete |

Previous **Cancel** **Save And Next**

14. Click “Add”, and IPM displays the *Foreign Veterinary Schools-Locations* screen.
15. Provide the requested information, paying special attention to “Required” items.
16. Once finished providing the information, click **Update**.
17. IPM adds the location to the *Foreign Veterinary Schools-Locations* table.
18. Click **Save and Next**.
19. IPM moves to **Foreign Nursing Schools** on the Left Menu.

Foreign Veterinary Schools- Locations
✕

*Required Field

Name of Location*

Address1*

Address2

Address3

Country*

Foreign Province

City*

Postal Code

Provide information about a contact at this facility.

Instruction Type*

Basic Sciences Clinical Instruction

Identify the date that instruction was first offered to your veterinary students at this location*

Prefix*

First Name*

MI

Last Name*

Suffix

E-Mail Address*

Please re-enter your E-Mail Address*

International Phone Number (including country code)*

International Fax Number (including country code)

Do you have a written agreement under which basic science instruction is provided at this location?*

Yes No

Check here if you have an affiliation agreement or other written arrangement to provide clinical instruction to your students at this veterinary school. Submit a copy of this agreement as a supporting document for this application.

Check here if this clinical location is specifically approved by the agency authorized to evaluate veterinary schools in your country. Submit a copy of the site visit report and approval document prepared by the veterinary evaluating agency in your country with the supporting documents for this application.

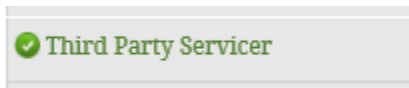
Update
Cancel

6.16 Complete Third Party Servicer Section

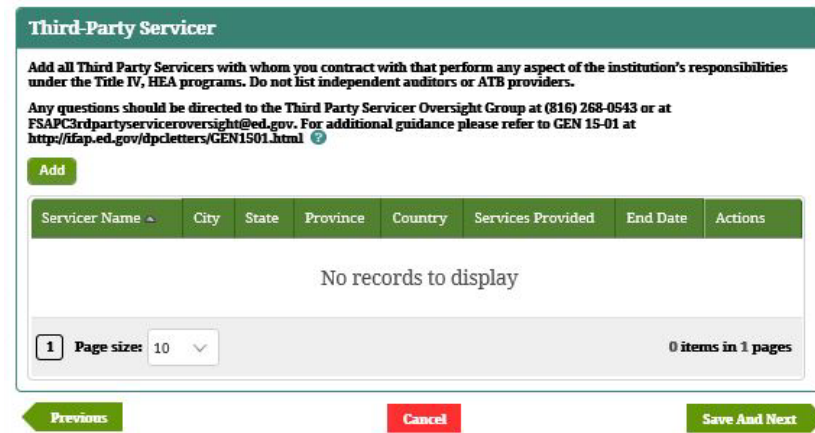
The Third Party Servicer section of the School Eligibility Application requires the Partner to provide information about any third party that performs Title IV services for their institution. The system will display the appropriate questions based on the Partner Type and the application purpose once the Partner has accessed their homepage and has opened the School Eligibility Application.

Partner Type: Domestic & Foreign

1. Click **Third Party Servicer** on the Left Menu.



2. IPM displays the *Third-Party Servicer* screen.
3. Click **Add**. IPM displays the *Third-Party Servicer* screen.

A screenshot of the 'Third-Party Servicer' screen. The title bar is green with the text 'Third-Party Servicer'. Below the title bar, there is a paragraph of instructions: 'Add all Third Party Servicers with whom you contract with that perform any aspect of the institution's responsibilities under the Title IV, HEA programs. Do not list independent auditors or ATB providers. Any questions should be directed to the Third Party Servicer Oversight Group at (816) 268-0543 or at FSAPC3rdpartyserviceroversight@ed.gov. For additional guidance please refer to GEN 15-01 at http://ifap.ed.gov/dpletters/GEN1501.html'. Below the instructions is a green 'Add' button. Underneath is a table with columns: 'Servicer Name', 'City', 'State', 'Province', 'Country', 'Services Provided', 'End Date', and 'Actions'. The table is currently empty and displays the text 'No records to display'. At the bottom of the table area, there is a page control bar showing '1' in a box, 'Page size: 10' with a dropdown arrow, and '0 items in 1 pages'. At the very bottom of the screen, there are three buttons: 'Previous' (green), 'Cancel' (red), and 'Save And Next' (green).

4. Provide the required information on the screen.
5. Correct or confirm all answers, then click **Update**.
6. IPM adds the information to the *Third-Party Servicer* table.
7. Click **Save and Next**.
8. IPM moves to **Administrative Capability** on the Left Menu.



Third Party Servicer information must be added if one is contracted with the Institution.

Third-Party Servicer
✕

*Required Field

Choose your Third-Party Servicer from the search provided. If your Third-Party Servicer is not found provide the name and address of your Third-Party Servicer below.

Before completing this section, make sure to contact your Third Party Servicer first to verify the following information:

- Servicer's Legal Name
- Servicer's Address
- Servicer's Main Contact Name, Phone Number, Fax Number, and E-Mail Address.
- Contracted Services.

Search for IPI here... Get Data

| | | |
|-----------------------------------|----------------------|----------------------|
| Third-Party Servicer Name* | Company Name | IPI |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Provide the Servicer's Primary Location Address information below:

| | |
|----------------------|----------------------|
| Address 1* | Address 2 |
| <input type="text"/> | <input type="text"/> |

| | | | | |
|------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|
| Country* | State/Territory* | City* | Zip Code* | +4 |
| United States <input type="text"/> | -- Select -- <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|--------------------------|----------------------|----------------------|----------------------|
| Telephone Number* | Ext | Fax Number | Ext |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Indicate the service(s) provided by your Third-Party Servicer. Select all the service(s) provided that apply. If you do not see a service from the list provided, select "Other". If "Other" is selected, provide a comment explaining the service(s) provided. *

Enter the name of the main contact for this Servicer, as well as their direct phone number, fax number, and e-mail address. Contact your Servicer to verify the correct contact information prior to submitting this application.

| | | | | |
|-----------------------------------|----------------------|----------------------|----------------------|----------------------|
| Prefix* | First Name* | MI | Last Name* | Suffix |
| -- Select -- <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|------------------------|---|
| E-Mail Address* | Please re-enter your E-Mail Address* |
| <input type="text"/> | <input type="text"/> |

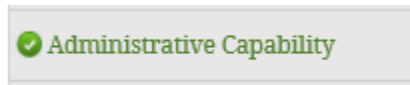
Update
Cancel

6.17 Complete Administrative Capability Section

The Administrative Capabilities section of the School Eligibility Application allows the Partner to provide additional information about their institution's policies and procedures. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **Administrative Capability** on the Left Menu.



2. IPM displays the *Administrative Capability* screen.
3. Check each appropriate box on the screen.
 - If any item is not completed, IPM requires an explanation.
4. Provide the explanation(s) in each comment box provided below each of the listed items.
5. Once items are checked and/or explanations are provided, click **Save and Next**.
6. IPM moves to **Additional Contacts** on the Left Menu.

Required Field

Administrative Capability

For each statement below, check the box if your institution has implemented the identified policy or procedure required for administering federal student financial aid.

For each box not checked, an explanation is required.

Check here if you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations. (See 34 CFR § 668.16). Check here if you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations. (See 34 CFR § 668.16)

Check here if you divide the functions of determining student awards and disbursing funds that result from those award decisions. (See 34 CFR § 668.16).

Check here if you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data. (See 34 CFR § 668.14, 668.16, 668.14, 674.19, 673.16, 678.19, and 690.81). Check here if you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data. (See 34 CFR § 668.14, 668.16, 668.14, 674.19, 673.16, 678.19, and 690.81)

Check here if you have a system to identify and resolve discrepancies in information you received from various sources about a student's application for financial aid. (See 34 CFR § 668.16). Check here if you have a system to identify and resolve discrepancies in information you received from various sources about a student's application for financial aid. (See 34 CFR § 668.16).

Check here if 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). Check here if 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)

Check here if 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). Check here if 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).

Check here if you have a policy that meets federal regulations for returning Title IV funds when a student withdraws from classes. (See 34 CFR § 668.22). Check here if you have a policy that meets federal regulations for returning Title IV funds when a student withdraws from classes. (See 34 CFR § 668.22).

Check here if you have 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 § 668.23) Check here if you have submitted your required annual financial statement audit 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 § 668.23)

Check here if you have submitted your required 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) Check here if you have submitted your required 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)

Check here if you use the electronic processes required by the Secretary. (See 34 CFR § 668.16). Check here if you use the electronic processes required by the Secretary. (See 34 CFR § 668.16).

Check here if you have a process to ensure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of ownership resulting in a change of control, excluded changes in ownership, or adding new locations in certain circumstances), and that you notify us within 10 days about other important changes (such as changing your name, address or official). (See 34 CFR § 600.10, 600.20, and 600.21). Check here if you have a process to ensure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of ownership resulting in a change of control, excluded changes in ownership, or adding new locations in certain circumstances), and that you notify us within 10 days about other important changes (such as changing your name, address or official). (See 34 CFR § 600.10, 600.20, and 600.21).

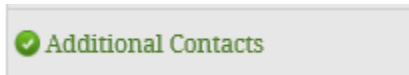
Previous
Cancel
Save and Next

6.18 Complete Additional Contacts Section

The Additional Contacts section of the School Eligibility Application requires the Partner to provide contact information for any other individuals at their institution. The system will display the appropriate questions based on the Partner Type and the application purpose.

Partner Type: Domestic & Foreign

1. Click **Additional Contacts** on the Left Menu.



2. IPM displays the *Additional Contacts* screen.
3. Click **Add Contact**.
4. IPM displays the *Additional Contact Details* screen.

A screenshot of the 'Additional Contact' screen. At the top is a green header with the text 'Additional Contact'. Below the header is a paragraph: 'If you would like Federal Student Aid to contact someone not at your institution about this application, or regarding other issues, please provide contact information for the individual(s)'. Underneath this is a green button labeled 'Add Contact'. Below the button is another green header with the text 'Additional Contact Summary'. Underneath this header is a table with the following columns: 'Contact Type', 'Job Title', 'Name', 'Phone Number', 'E-Mail', and 'Actions'. The table is currently empty, and the text 'No records to display' is centered below the table. At the bottom of the screen are three buttons: a green arrow button labeled 'Previous', a red button labeled 'Cancel', and a green arrow button labeled 'Save And Next'.

5. Provide the requested information then, click **Update**.
6. IPM adds the information to the *Additional Contact* table.
Click **Save and Next**.
7. IPM moves to **Additional Information** on the Left Menu.

Additional Contact Details ✕

*Required Field

Contact Type* ? **Job Title***

Company Name*

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* Please re-enter your E-Mail Address*

Address 1* **Address 2**

Country* **State/Territory*** **City*** **Zip Code*** **+4**

Phone* ? **Ext** **Fax** ? **Ext**

Update **Cancel**

6.19 Complete Foreign Gifts Section

The Foreign Gifts section of the School Eligibility Application requires the Partner to provide information about gifts, contracts, or ownership interests that their institution has received from a foreign entity. This section starts once the Partner has accessed their homepage and has opened the School Eligibility Application.

Partner Type: Domestic

1. Click **Foreign Gifts** on the Left Menu.



2. IPM displays the *Foreign Gifts* screen.
3. Click on **Report Gift, Contract or Relationship**.
4. IPM displays the *Foreign Gift Details* screen.
5. Provide the requested information on that screen, then click on **Update**.
6. IPM adds the information to the *Foreign Gifts* table.
7. Click **Save and Next**.
8. IPM moves to **Additional Information** on the Left Menu.



If the Institution receives gifts from a foreign entity, reporting them is required. Similarly, if the Institution contracts with a foreign entity, or has an ownership/control relationship with a foreign entity, reporting those relationships is required.

Foreign Gifts

Reporting of Foreign Gifts, Contracts and Relationships

All domestic institutions that receive any Federal financial assistance (directly or indirectly) and offer a bachelor's degree or higher, or that offer a transfer program of not less than two years that is acceptable for credit toward a bachelor's degree, are required to report foreign gifts, contracts, or ownership and control. This information must be reported to the Secretary no later than the January 31 or July 31, immediately following the receipt of gifts from a foreign source, or a contract with a foreign entity that exceeds \$250,000 in any calendar year, following the acquisition of, or relinquishing of, any ownership interest in or control over the institution by a foreign entity.

Report Gift, Contract or Relationship

| Gift Type ^ | Gift Amount | Date Received | Received from Country | Actions |
|-----------------------|-------------|---------------|-----------------------|---------|
| No records to display | | | | |

Previous

Cancel

Save And Next

Foreign Gifts Details

*Required Field

Identify the gifts received from or contracts entered into with foreign sources that exceed \$250,000 in the calendar year. Also identify if your institution is, or is no longer, owned or controlled by a foreign source. Please select the item you are reporting and provide the requested information.

Gift, Contract, or Relationship*

-- Select --

Value(\$)*

Date Received*

-- Select --

Giver Name*

Country*

-- Select --

Are there any restrictions on this gift or contract?*

Yes
 No

Update

Cancel

6.20 Complete Additional Information Section

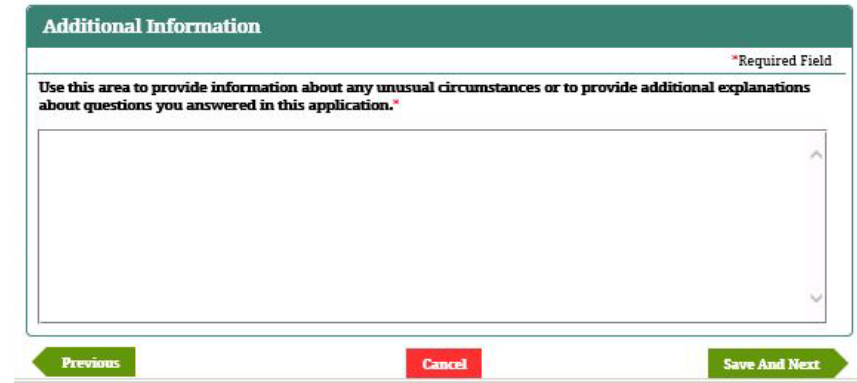
The Additional Information section of the School Eligibility Application allows the Partner to provide any information about the application being submitted. Based on the questions answered by the Partner, some information is required to be entered in this section.

Partner Type: Domestic & Foreign

1. Click **Additional Information** on the Left Menu.



2. IPM displays the *Additional Information* screen.
3. Provide additional information which may be helpful in the evaluation of your application, then click **Save and Next**.
4. IPM moves to **Upload Documents** on the Left Menu.

A screenshot of a web form titled 'Additional Information'. The title bar is green with white text. Below the title, there is a red asterisk and the text '*Required Field'. The main content area contains a text box with a placeholder message: 'Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this application.*'. At the bottom of the form, there are three buttons: 'Previous' (green with white text), 'Cancel' (red with white text), and 'Save And Next' (green with white text).

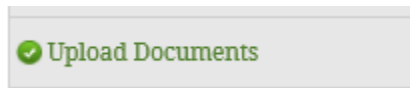
Enter additional information relative to the Institution's Eligibility Application that has not otherwise been provided.

6.21 Complete Upload Documents Section

The Upload Documents section of the School Eligibility Application requires the Partner to upload any supporting documentation based on the questions answered in the application. This section can be completed once the Partner has accessed their homepage, opened the School Eligibility Application, and answered each of the required questions.

Partner Type: Domestic & Foreign

1. Click **Upload Documents** on the Left Menu.



2. IPM displays the *Upload Documents* screen, which includes the Upload Documents Summary portion of the screen.
3. Click **Upload Other Documents**.
4. IPM displays the *Upload Document Details* screen. For detailed instructions about required documents, please read the text located at the top of the *Upload Documents* screen.
5. IPM displays the *Upload Document Details* screen.

Upload Documents

You must upload a copy of the "Special Report of Aggregate Performance on United States Medical Licensing Examination (USMLE) prepared by the ECFMG for your medical school to substantiate the data entered on this screen.

You must upload the documents listed below in order to successfully submit your application. For each required document listed please select the appropriate action and follow the instructions provided. To provide a new document or a link to your policies and/or catalog, select "Upload New". If you want to reuse a document that has recently been uploaded with this application, select "Reuse New". If you want to reuse a document that was uploaded with a previous application, select "Reuse Previous".

Use the Upload Other Documents button to provide any additional documents you would like to provide in support of your application. The documents you have uploaded will then be displayed in the list below.

Please be sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

Note: Save and Next will be available after all mandatory documents in the grid below are uploaded.

Upload Other Documents

Upload Documents Summary

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | URL | (PII) Data | Document Description | Action |
|----|---|----------------------|-----|------------|----------------------|--|
| 1 | Academic Conversion Document - Anna Freud Centre | | | | | Upload Reuse |
| 2 | AVMACOE Accreditation Document - Anna Freud Centre | | | | | Upload Reuse |
| 3 | Country Authorization of Non-Profit Status - Anna Freud Centre | | | | | Upload Reuse |
| 4 | Degree Validation Agreement (Foreign Schools) - Anna Freud Centre | | | | | Upload Reuse |
| 5 | Foreign School Medical Program Authorization (Home Country) - London Medical Board | | | | | Upload Reuse |
| 6 | Joint program degree agreement with US nursing school - London Nursing School | | | | | Upload Reuse |
| 7 | Letter of U.S. Accreditation (Foreign Schools) - Accrediting Bureau of Health Education Schools | | | | | Upload Reuse |
| 8 | Other | <input type="text"/> | | Yes | sis | View |
| 9 | Site Visit Report and Approval Document by medical accrediting agency - Medical School | | | | | Upload Reuse |
| 10 | Site Visit Report and Approval Document for Basic Sciences - Medical School | | | | | Upload Reuse |

Page size: 10

[Previous](#) [Cancel](#) [Save And Next](#)

6. Provide the requested information on the *Upload Document Details* screen, and select **Yes** or **No** for the PII data question. Select **Yes** if the document being uploaded contains PII data.
7. Once all information has been provided, click **Upload**.
8. IPM adds the information to the *Upload Documents Summary* table.
9. Click **Save And Next**.
10. IPM moves to **Application Validation** on the Left Menu.



A different document must be uploaded for each document type listed in the detailed instructions on the Upload Documents screen; i.e., no document should be the same.

Upload Document Details ✕

*Required Field

Document Type
Academic Conversion Document ▾

Does this Document contain PII data?*
 Yes No

Check here if you will be providing the URL to where this document type is located on your institution's web site.

Select Document*
C:\Users\sp_farm\Desktop\test2 Browse...

Enter a description of the document

Upload **Cancel**

6.22 Complete Foreign Nursing Schools

This section provides the requirements for each question currently in the Foreign Nursing Schools section of the School Eligibility Application. The Partners are required to identify all locations in which instruction pertaining to their nursing program is provided.

Partner Type: Foreign

1. Click **Foreign Nursing Schools** on the **Left Menu**.



2. IPM displays the *Foreign Nursing Schools-Locations* screen.
3. Click **Add**.
4. IPM displays the *Locations* screen.
5. Provide the requested information. At least one location and all locations must be added.
6. Once all requested information has been provided, click **Update**.
7. IPM adds the information to the *Locations* table.
8. Click **Save and Next**.
9. IPM displays the *Foreign Nursing Schools-Licensing and Accreditation* screen.

Foreign Nursing Schools- Locations

Identify all locations where your nursing students receive basic science or clinical instruction.

Add

Locations

| School / Facility Name ^ | Basic Science | Clinical | Actions |
|---------------------------------------|-------------------------------------|-------------------------------------|---|
| London Nursing School | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Edit Delete |

1 Page size: 10 ▾
1 items in 1 pages

Previous
Cancel
Save And Next

10. Provide the requested information. At least one location and all locations must be added.

Locations ✕

*Required Field

School / Facility Name* Identify each type of nursing instruction offered at this location.*

Basic Science Clinical Instruction

Address 1* Address 2

Country* Foreign Province City* Postal Code

-- Select -- Ext International Fax Number (including country code) ? Ext

International Phone Number (including country code)* ? Ext International Fax Number (including country code) ? Ext

Name of contact at the facility

Official Title

Prefix* First Name* MI Last Name* Suffix

-- Select -- Ext International Fax Number (including country code) ? Ext

E-Mail Address(if Applicable) *Please re-enter your E-Mail Address*

Check here if your foreign nursing school has an Affiliation agreement with this facility to ensure proper oversight of the nursing program.

Check here if faculty members of the foreign school are based at this facility to ensure proper educational oversight.

11. Click **Add** to enter the relevant Licensing information.
12. IPM displays the *Licensing (Foreign Nursing)-Detail* screen.
13. Provide the information, then click **Update**.
14. IPM adds the information to the *Licensing (Foreign Nursing)* table.
15. Click **Add** to enter relevant accrediting information.
16. IPM displays the *Accrediting (Foreign Nursing)-Detail* screen.
17. Provide the information, then click **Update**.
18. IPM adds the information to the *Accrediting (Foreign Nursing)* table.

Foreign Nursing Schools- Licensing & Accreditation

Identify below the nurse licensing boards and evaluating bodies which have approved the nursing program, and the dates of their approval.

Add

Licensing (Foreign Nursing)

| Agency Name ^ | Date Approved | Years Approved | End Date | Actions |
|-----------------------|---------------|----------------|----------|---------|
| No records to display | | | | |

Identify below the accrediting agencies that approved the joint degree program between your nursing school and your U.S. Nursing school Partners.

Add

Accrediting (Foreign Nursing)

| Agency Name ^ | Date Approved | Years Approved | End Date | Actions |
|-----------------------|---------------|----------------|----------|---------|
| No records to display | | | | |

Previous **Cancel** **Save And Next**

Licensing (Foreign Nursing)-Detail

*Required Field

Nurse Licensing Board or Evaluating Body*
 London Nursing Board

Address 1*
 1232 Stonehedge

Address 2

Country*
 England

Foreign Province
 London

City*
 London

Postal Code

International Phone Number (including country code)*
 +63-95672659275260

Ext

International Fax Number (including country code)
 Ext

E-Mail Address (if Applicable)

Date Approved*
 October, 2016

Years Approved*
 5

Update **Cancel**

19. Click **Save And Next**.
20. IPM displays the *Foreign Nursing Schools-Additional Questions* screen.
21. Check the appropriate boxes, then click **Add New Record**.
22. IPM displays the *Add New Record* screen.
23. Provide the information. Information pertaining to all graduations within the last two 12-month periods must be provided.
24. Once all information has been provided, click **Add**.
25. IPM adds the information to the *Graduation* table.
26. Click **Save And Next**.
27. IPM moves to the **Eligibility Reporting for Foreign Schools** on the Left Menu.

Accrediting (Foreign Nursing)-Detail *Required Field

Choose your Accrediting Agency Name of the Accrediting Agency*
 -- Select --

Address 1* Address 2

Country* Foreign Province City* Postal Code

International Phone Number (including country code)* Ext. International Fax Number (including country code) Ext.

E-Mail Address (if Applicable) Date Approved* Years Approved*

Provide the following information for a contact at this entity:

Prefix* First Name* MI Last Name* Suffix

E-Mail Address* *Please re-enter your E-Mail Address**

International Phone Number (including country code)* Ext. International Fax Number (including country code) Ext.

Update Cancel

Foreign Nursing Schools- Additional Questions *Required Field

Does your foreign nursing school meet one or more of the following definitions? Check each that applies*

Associate Degree School of Nursing Collegiate School of Nursing Diploma School of Nursing

Identify the graduation dates and the number of Nursing students who graduated from your Nursing school within the last two 12 month periods.

Add New Record

| Date of Nursing School Graduation | Number of Nursing School Graduates in this Graduating Class | Actions |
|-----------------------------------|---|------------------------|
| 10/10/2016 | 20 | Delete |

Check here if your foreign nursing school agrees to reimburse the Secretary of Education for the costs of defaulted student loans for students attending your foreign nursing program.

Check here if your institution has determined the consent requirements for and requires the consents of all Nursing students accepted for admission who are U.S. Citizens, Nationals or eligible Permanent Residents.

Check here if a privacy law or a data protection law in your country prevents you from providing NCLEX-RN results or other data to the U.S. Department of Education.

Does your nursing school employ only those faculty members whose academic credentials are the equivalent of credentials required of faculty members teaching the same or similar course at nursing schools in the U.S.?
 Yes No

Previous Cancel Save And Next

Add New Record ✕

***Required Field**

Enter the Graduation Date*

10/31/2016

Identify the number of school graduates in the graduating class* ?

12

Add **Cancel**

6.23 Eligibility Reporting for Foreign Schools

The Eligibility Reporting for Foreign Schools section of the School Eligibility Application requires the Partner to provide specific information about their Foreign Medical and Nursing school for which the Partner is seeking eligibility to participate in federal student financial aid programs. This section is visible only to and required to be answered by Foreign School Partner types.

Partner Type: Foreign

1. Click **Eligibility Reporting** on the Left Menu.



2. IPM moves to **Medical School Reporting** on the Left Menu, and displays the *Medical School Additional Eligibility Criteria* screen.
3. Select the applicable year, and then click **Add Row**.
4. IPM adds the Reporting Year to the *Medical School Application Additional Eligibility Criteria* table.
5. Click **Save And Next**. IPM moves to **Nursing School Reporting** on the Left Menu and displays the *Nursing School Additional Eligibility Criteria* screen.

Medical School Additional Eligibility Criteria

Foreign medical schools are required to report data to the department annually for their students and graduates.
Enter each year for which your institution is reporting Medical School data.

2015 Add Row

| Testing Year | Reporting Year | USMLE Pass Rate Data | USMLE Test-Taker Performance Data | Citizenship Data | Consumer Information | Actions |
|--------------|----------------|------------------------------------|---|--------------------------------------|----------------------|---------------------------------------|
| 2016 | 2016 | Add Pass Rate Data | Add Test-Taker Performance Data | Add Citizenship Data | Iteration2 | Delete Reporting Year |

Who should Federal Student Aid contact if there are questions about your institution's medical school data?
If this person is the same as a person entered in a previous question, select from the list below which person you would like to enter here. If this is a new person, please provide the information requested below.

Add a new Person v

Job Title

Prefix **First Name** **MI** **Last Name** **Suffix**

-- Select --

E-Mail Address *Please re-enter your E-Mail Address*

Address 1 **Address 2** **Address 3**

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

-- Select --

International Phone Number (including country code) **Ext** **International Fax Number (including country code)** **Ext**

Previous
Cancel
Save And Next

6. Select the applicable year, and then click **Add Row** on the *Nursing School Additional Eligibility Criteria* screen.
7. IPM adds the Reporting Year to the *Nursing School Application Additional Eligibility Criteria* table.
8. Click **Save And Next**.
9. IPM moves to **Third-Party Servicer** on the Left Menu.



Medical and Nursing Schools, both Foreign and Domestic, are required to report information regarding their programs to FSA annually.

Nursing School Additional Eligibility Criteria

Foreign nursing schools are required to report data to the department annually for their students and graduates.
Enter each year for which your institution is reporting Nursing School data.

2015

| Testing Year | Reporting Year | NCLEX-RN Performance Data | NCLEX-RN Test-Takers Performance Data | Actions |
|--------------|----------------|---|--|---------------------------------------|
| 2016 | 2016 | Add NCLEX-RN Performance Data | Add Test-Takers Performance Data | Delete Reporting Year |

Who should Federal Student Aid contact if there are questions about your institution's nursing school data?
If this person is the same as a person entered in a previous question, select from the list below which person you would like to enter here. If this is a new person, please provide the information requested below.

Job Title

Prefix **First Name** **MI** **Last Name** **Suffix**

E-Mail Address *Please re-enter your E-Mail Address*

Address 1 **Address 2**

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

International Phone Number (including country code) **Ext** **International Fax Number (including country code)** **Ext**

6.24 Submit School Eligibility Application

The Submit School Eligibility Application section allows the Partner submit an application for the following purpose types:

- Initial Certification
- Recertification
- Change in Ownership (CIO)
- Merger
- Designated as Eligible Only (Eligibility Only/Deferment)
- Reinstatement
- Update

For each purpose type listed above, the Partner completes the information required by Federal Student Aid. Before the application is submitted, the Partner must upload any documents determined to be required by the system based on the questions answered and correct any application errors identified by the system. Once the application is ready for submission, the individual designated with eSign authority for the Partner reviews, signs, and submits the application as follows:

Partner Type: Domestic & Foreign

1. Click **Submit** on the Left Menu.
2. IPM displays the *Signature* screen. The eSign Authority’s information should be visible in the *Signature* table.
3. Please review the information on the *Signature* screen for accuracy.
4. If the eSign Authority is unavailable, that needs to be indicated by checking the relevant box.
5. If an Authority has been designated by the eSign Authority, that needs to be indicated by checking the relevant box.

Signature

If the designated eSign authority is unavailable to sign the application and has designated the authority to sign the application to another institutional official, please indicate below that both the eSign is unavailable and the authority has been delegated, print a copy of the signature page, upload a signed copy together with a copy of the delegation of authority, and submit the application.
If the official designated to sign the application has chosen to provide a wet signature rather than an eSignature, please indicate below only that the eSign has chosen to provide a wet signature, print a copy of the signature page, upload a signed copy, and submit the application.

| eSign Role | Name | Email | ESign | Delegated ESign | Delegated Signature | Delegated Letter |
|--------------------------------|------|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Ether_Hamilton | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The designated eSign is not available to sign or chooses to wet sign the application.
 Signature authority for this application has been delegated

Click on the action link below to view and print the document(s) requiring signature or to upload the scanned version or just signature page with the wet signature.

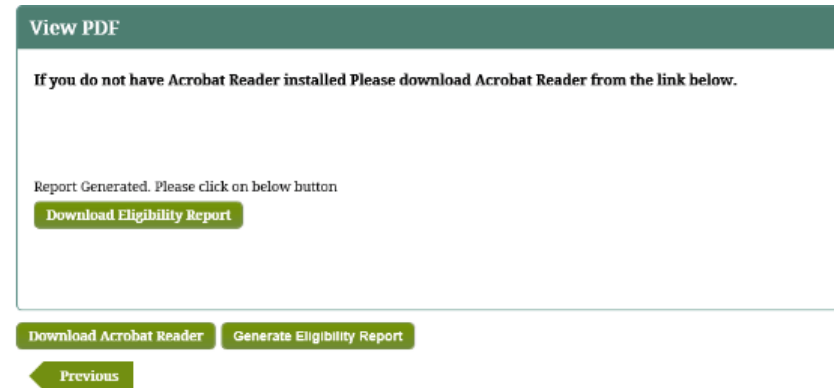
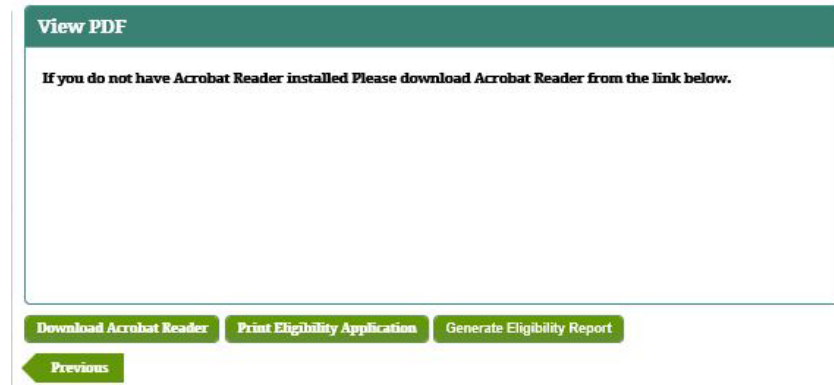
| Document | Document Name | Actions |
|-----------------------|---------------|---------|
| No records to display | | |

Previous
Cancel
Next

6. If the Eligibility Application is not complete, click **Save** to finish the submission another time.
7. Click **Submit**.
8. IPM displays the **View PDF** screen.
9. Click **Generate Eligibility Report**.
10. IPM displays the *View PDF* screen that now includes the **Download Eligibility Report** button.
11. Click **Download Eligibility Report**.



An authority designated by the eSign Authority must sign the application if the eSign authority is unavailable. Click “Download Acrobat Reader”, if the Reader is needed to view the document.



Section 7 Partner Account Management

7.1 Notifications/Correspondence

This section describes the activities of viewing the correspondence between the Workbench and Desktop users. The following activities are described:

- Partner users view the history of their communications with Federal Student Aid (FSA)
- FSA users view the history of communications with Partner users

1. Navigate to **Notifications** on the top menu and select **Correspondence Diary**.
2. IPM displays the *Correspondence Diary* screen.
Correspondence between the Partner and FSA will be displayed in the table on the screen.
3. To view a notification, select the notification link under the *Title* column in the table.
4. IPM displays the *Notification Details* screen.
5. View the information in the notification.
6. Click **Cancel** to return to the *Correspondence Diary* screen.
7. To add a response, select **Add Response** under the *Actions* column in the table.
8. IPM displays the *Add External Response* screen.
 - a. Enter relevant information into the required fields.
 - b. Click **Submit**.
 - c. IPM displays the *Correspondence Diary* screen.
 - d. To view the response you added, select the notification link under the *Title* column in the table.

| Fiscal Year | Partner Name | IPS | Partner ID | Title | Originator | Posted Date | Type | Sub-Type | Action Level | Severity | Actions |
|-------------|---|----------|------------|---|----------------|-------------|-------------------------|----------|--------------|-----------------|------------------------------|
| 2017 | Carvers Unlimited | 24215531 | 01483300 | Letter of Intent to close | IPMPORTAL | 01/03/2017 | IPM System Notification | FYI | Initial | Information | |
| 2017 | Jolly College | 24598275 | | Second Recertification Due Notice | IPMPORTAL | 01/03/2017 | E-Mail | FYI | Initial | Information | |
| 2017 | Jolly College | 24598275 | | Immediate Action Required regarding FSA System Access | IPMPORTAL | 01/03/2017 | E-Mail | FYI | Initial | Requires Action | |
| 2017 | Jolly College | 24598275 | | Immediate Action Required regarding FSA System Access | IPMPORTAL | 01/03/2017 | E-Mail | FYI | Initial | Requires Action | Add Response |
| 2017 | Maryland Lender | 57602443 | 209691 | Notice of Initial Lender Application Submitted by Guaranty Agency | IPMPORTAL | 01/03/2017 | E-Mail | FYI | Initial | Information | |
| 2017 | Shore Memorial Hospital-School of Radiologic Technology | 12872022 | 03514300 | Eligibility Application Submitted (no financial records) | IPMPORTAL | 01/03/2017 | IPM System Notification | FYI | Initial | Information | |
| 2017 | Shore Memorial Hospital-School of Radiologic Technology | 12872022 | 03514300 | Application Received | IPMPORTAL | 01/03/2017 | IPM System Notification | FYI | Initial | Information | |
| 2017 | Maryland Lender | 57602443 | 209691 | Notice of Initial Lender Application Submitted by Guaranty Agency | IPMPORTAL | 01/03/2017 | E-Mail | FYI | Initial | Information | |
| 2017 | Maryland Lender | 57602443 | 209691 | Notice of Initial Lender Application Submitted by Guaranty Agency | IPMPORTAL | 01/03/2017 | E-Mail | FYI | Initial | Information | |
| 2017 | Maryland Lender | 57602443 | 209691 | Notice of Initial Lender Application Submitted by Guaranty Agency | ipm_admin.gpsa | 01/04/2017 | E-Mail | FYI | Initial | Information | |

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Notification Details

| | | | | |
|--------------------------------------|-----------------------|--|------------------------|----------------------|
| Partner Name Jolly College | Partner ID | Partner Type Domestic School | IFI 26398275 | Case Type |
|--------------------------------------|-----------------------|--|------------------------|----------------------|

This notification has not been previously viewed.

Notification Title
Second Recertification Due Notice

Message Text
 You have successfully completed the pre-eligibility process, the first step in establishing eligibility for the Federal Student Aid program.
 Your institution has been assigned a unique Integrated Partner Identifier (IFI) to facilitate your participation in the Department's electronic systems. Please make a note that the IFI for your institution is XXXXXXXX.
 You will soon receive a user name and password to access your personalized Partner's Portal where you can complete and submit an Eligibility Application for your institution. If you have questions regarding the Integrated Partner Management System, please contact the Help Desk at xxx-xxx-xxxx.

Document Name **IFI Indicator**

No records to display

1 Page size: 10 0 items in 1 pages

[Protection of Personally Identifiable Information](#) Cancel

Add External Response *Required Field

| | | | |
|---------------------------------------|-----------------------|------------------------|------------------------|
| Partner Name: Jolly College | Partner ID | IFI 26398275 | Case Number |
|---------------------------------------|-----------------------|------------------------|------------------------|

Time Received* **Date Received***

From

First Name* **Last Name*** **E-Mail Address**

Phone Number **Ext** **Fax Number** **Ext**

Notification Type
E-Mail

Subject*
Immediate Action Required regarding FSA System Access

Message*

Select Document **Document Type**

Document Name **Document Type** **Document Upload Date**

No records to display

User to Notify of Response
GUPTA,ANCM

7.2 Partner Information

This section describes the means by which Partners may review information submitted and approved by FSA as it pertains to previous submissions and/or information entered and saved in IPM. For example, Partners interested in seeing their FSCA submission history would select **Submission History** on the Left Menu. All Partners will navigate to **Partner Information** on the Top Menu.

1. IPM displays the *Eligibility Summary* screen.
2. Partners may click **Next** or select items directly from the **Left Menu**.
 - Upon clicking **Next**, each relevant screen will display in the same order as those on the **Left Menu**.

Eligibility Summary

| | | | |
|---|---|---|------------------------|
| Partner Name: Gendarme Institute | IP: 30985832 | DUNS: | OPFID: 03432300 |
| Trade Name/DBA: Gendarme, Ltd. | Partner Address: 12831 Western Avenue, Suite A, Garden Grove, California, United States, 92841, 4026 | TIN: | |
| Loan Deferment: No | Certification Status: Not Certified | PPA Execution Date: | |
| PPA Expiration Date: | Recertification Due Date: | Eligible: No | |
| Application in Process: Yes | Application Submitted: | Date Submitted: | |
| Eligible Titles: | Case Team: San Francisco/ Seattle | Partner Sub-Type: For-Profit Proprietary | |

[View ECAR](#) [View PPA](#)

Next

Locations

| Partner ID | IP | Location Name | Location Type | City | State / Province | Country | Approved? |
|------------|----------|--------------------|---------------|--------------|------------------|---------------|-----------|
| 03432300 | 30985832 | Gendarme Institute | Principal | Garden Grove | California | United States | Yes |

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Officials List

| Official's Name ^ | Role | Job Title |
|-----------------------------------|-------------------------|-----------|
| CUSTARD, MARK | DPA | |
| Parzynski, Brenda | Chief Financial Officer | Director |

Additional Contacts List

| Contact Name ^ | Contact Type | Job Title | Phone Number | E-Mail |
|--------------------------------|--------------|-----------------|--------------|------------------|
| Tringali, Leon | | Owner | 7166313878 | |
| Tringali, Leon | | President/Owner | 7166315366 | 153828@ci-ss.com |

Board of Directors List

| Director's / Trustee's Name ^ | Board of Director's / Trustee's Contact (or Registered Agent) |
|-------------------------------|--|
| No records to display | |

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Next

Ownership

| Name | IP# | Ownership Level | Owned% | Start Date |
|--|----------|-----------------|--------|------------|
| Leon Studio One School of Hair Design & Career Training Center | 98578158 | | | |

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Accreditation

| Agency Name ^ | Date Last Accredited / Approved | Years Accredited / Approved | Accreditation Type | Primary Accreditor | Foreign Medical School Approval | Foreign Veterinary School Approval | Foreign Nursing School Approval |
|---|---------------------------------|-----------------------------|--------------------|-------------------------------------|---------------------------------|------------------------------------|---------------------------------|
| National Accrediting Commission of Career Arts and Sciences | 01/2009 | 5 | Institution Wide | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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State Authorization

Federal Government/Indian Tribe
 Yes No

Exempt as a Religious Institution
 Yes No

| Agency Name | Address | Agency Name and Address | State | Agency/Entity Providing Complaints Process |
|-----------------------|---------|-------------------------|-------|--|
| No records to display | | | | |

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Educational Programs

| Educational Program Name | CIP Code | Program Type |
|-----------------------------|---|------------------------|
| Cosmetology | Cosmetologist | Undergraduate Programs |
| Esthetics | Aesthetician/Esthetician and Skin Care Specialist | Undergraduate Programs |

FAA Certification Number FAA Certification End Date

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Title IV Programs

| Title IV Eligible Programs | Participating In |
|---|------------------|
| Federal Pell Grant Program | No |
| Federal Perkins Loan Program | No |
| Federal Supplemental Educational Opportunity Grant (FSEOG) Program | No |
| Federal Work Study (FWS) Program - Job Location and Development (JLD) Program | No |
| Federal Work Study (FWS) Program - Private-Sector Employment | No |
| Federal Work Study (FWS) Program - regular or general | No |
| Teacher Education Assistance for College and Higher Education (TEACH) Grant Program | No |
| William D. Ford Federal Direct Loans Program (Direct Loans Program) - PLUS | No |
| William D. Ford Federal Direct Loans Program (Direct Loans Program) - Subsidized | No |
| William D. Ford Federal Direct Loans Program (Direct Loans Program) - Unsubsidized | No |

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Application History

School Application Submission History

| Application ID | Application Submission Date | Application Purpose | Application Status | Application Review Complete |
|-----------------------|-----------------------------|---------------------|--------------------|-----------------------------|
| No records to display | | | | |

Previous Next

Partner Group

Partner Group Name: Domestic public

Partner Group ID: 83

Partner Group Type: Consolidated

Partner Group Active?: No

Current FYE Date:

| Partner Name | Partner ID | IPI | Locator Indicator | Parent Indicator | Effective Date | End Date | End Reason |
|----------------------------------|------------|----------|-------------------|------------------|----------------|----------|------------|
| US Grant Joint Vocational School | 03051500 | 39125094 | No | | | | |

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Submission History

| Case Number | ACN | FAC ACN | Submission Date | Submission Type | FYE Date | Submission Status | FSA Correspondence |
|-------------|-----|---------|-----------------|---|----------|-------------------------------|--------------------|
| CA00015503 | | | 12/22/2016 | Closeout Audit Submission | | Pending AR Team Lead Approval | |

Previous Next

| Auditor Information | | | | | | |
|-----------------------|-----------|---------|------|----------------|---------|-----------------|
| Audit Firm TIN | Firm Name | Address | City | State/Province | Country | Zip/Postal Code |
| No records to display | | | | | | |

< >

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| Program Review | |
|-----------------------|-----------|
| PRCN | Documents |
| No records to display | |

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| Method of Payment | | | | | | | | | |
|-----------------------|-------------------|------------|--------|------------------|-----------------|---------------|-----------------|--------------------|------------------|
| Case ID | Method of Payment | Award Year | Status | Requested Amount | Approved Amount | Date Approved | Submission Date | MOP Effective Date | MOP Removal Date |
| No records to display | | | | | | | | | |

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| Partner Assistance | | | | | | | |
|------------------------------|--------------|----------------------|----------------|-------------------------|-----------------------|---------------------|-------------------|
| Name of Plan | Date Created | Date Sent to Partner | Date Completed | Follow Up Reminder Date | Duration of the Visit | Start Date of Visit | End Date of Visit |
| Name of Plan | 10/13/2016 | 06/14/2016 | 12/07/2016 | 12/10/2016 | 9 | 09/05/2016 | 09/15/2016 |

| Notification Name | Notification Type | Date Created | Date Sent to Partner |
|----------------------------------|-------------------|--------------|----------------------|
| Submission Received Notification | 92 | 04/17/2015 | 04/17/2015 |
| Incomplete Letter Template | 100 | 04/29/2015 | |

| Document Type | Date Requested | Date Received |
|---------------|----------------|---------------|
| Web Site | | |
| Web Site | | |

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Section 8 Submit Partner Financial Statements and Compliance Audits

In order to participate in Federal Student Aid Title IV Programs, partners must submit and maintain eligibility information including their audited Financial Statements (FA) and Compliance Audits (CA) or 305 submissions (Financial Partners). This information may be submitted by the partner or by partner affiliates such as Third Party Servicers or Auditors.

The user (DPA or non-DPA with authority to submit FS & CA) from the partner organization logs into IPM to complete and submit various applications, for example, Annual Financial Statements and Compliance Audit, Closeout Audit, Change in Fiscal Year End, etc. The applications are completed with supporting documents attached with the submission wherever applicable and required.

Some Submissions are partner initiated. i.e., not required by Federal Student Aid. Other submissions are Federal Student Aid mandated and therefore initiated i.e. Federal Student Aid requires the partner to submit those mandated submissions to maintain their Title IV eligibility.

This section covers original submissions of information; and when Partners access an incomplete submission in order to make changes or resubmit. During the resubmission process, the partner can also submit additional documentation.

8.1 Submit Closeout Audit

This submission allows Partners to document the process flow and requirements for submission of Stub or Closeout Audits. Closeout or Stub Audits are submitted only at the request of Federal Student Aid. Federal Student Aid will notify the partner of this required submission via the IPM system and the Partner will send the Audit through the IPM.

Partner Type: Domestic & Foreign

1. Select *Closeout Audit* on the *Partner FSCA Submissions* screen, then click **Save And Next**.
2. IPM moves to **CA Details** on the Left Menu.
3. IPM displays the *Closeout Audit Submission* screen.
4. Provide the information on the *Closeout Audit Submission* screen.
5. Click **Save And Next**.

The screenshot shows a web form titled "Partner FSCA Submissions". At the top right, there is a red asterisk and the text "Required Field". Below the title, there are two sections: "Overdue Submissions" and "Current Submissions", both of which are currently empty. The main section is titled "Tell us the purpose of this submission*" and contains a list of radio button options: "Initial", "Reinstatement", "Closeout Audit", "Annual Submission", "Waiver", "Exemption", "Extension", "Change in FYE", and "Merger". At the bottom left of the form is a green button labeled "Save And Next", and at the bottom right is a green button labeled "Cancel".

6. IPM moves to **Compliance Contact Information** on the Left Menu.
7. IPM displays the *Contact Information* screen for the Closeout Audit submission.
8. Provide the contact information on the *Contact Information* screen
 - Point-of-contact regarding questions pertinent to the Closeout Audit submission
9. Click **Save And Next**.
10. IPM moves to **Upload Documents** on the Left Menu.
11. IPM displays the *Checklist And Upload* screen.
12. Click **Upload New**.

Closeout Audit Submission *Required Field

Indicate the Period Audited

Begin Date* **End Date***

Review Auditor Information

Our records indicate your current Auditor is:

Is this information correct?*
 Yes No

Auditor Search

Search by Audit Firm Name

Enter Auditor's TIN **IPI** **Audit Firm Name**

Address 1* **Address 2**

Country* **State/Territory*** **City*** **Zip Code*** **+4**

Phone* **Ext** **Fax** **Ext**

Auditor Type* **Auditor License Number**

Was the Title IV student Financial Aid Cluster audited as a major program?*

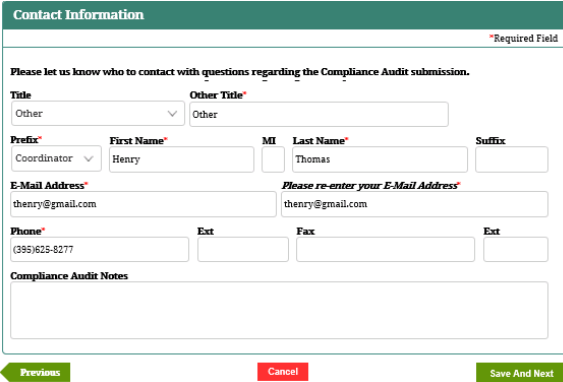
Yes No

Type of Auditor's Opinion issued on Compliance Audit.*

Does this A-133 Report contain any findings related to the Federal Student Aid Title IV programs?*

Yes No

13. IPM displays the *Upload Document Details* screen.
14. Choose the document file to be uploaded, and select the type of document to be uploaded, then click **Upload**.
15. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: click “**Upload Other Documents**” on the *Checklist And Upload* screen.
 - Additional document(s) pertaining to the Closeout Audit
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the type of document to be uploaded, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Upload* table.
16. Click **Save And Next**.



- 17. IPM displays the *Submit* screen.
- 18. Click **Submit**.
- 19. IPM displays the *Submit* screen with a message indicating the Closeout Audit submission was received on the date and time of the submission.

Checklist And Upload

Are the following items, if applicable, included in the attachment of your Compliance Audit Submission?

- Schedule of Expenditures of Federal Awards
- Report on Internal Controls (This report must contain the Auditor's signature and date).
- Corrective Action Plan Schedule of Findings and Questioned Costs
- Summary Schedule of Prior Year Audit Findings Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance Financial Statements Performed in Accordance with OMB Circular A-133

Select the document you would like to upload:

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|---|----------|----------|----------------------------|
| 1 | Compliance Audits - Princeton Montessori School | | | Upload New |

[Upload Other Documents](#)

[Previous](#) [Cancel](#) [Save And Next](#)

Upload Document Details

*Required Field

Select Document*

 [Browse...](#)

Please select below the list of documents with this upload

Compliance Audits


[Upload](#) [Cancel](#)

Checklist And Upload

The following components must be included in your Audited Financial Statements.

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Cash Flows Statement
- Notes to Financial Statement
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|--|---|----------|---|
| 1 | Compliance Audits - Guam Community College |  | | View Delete |

[Upload Other Documents](#)

[Previous](#) [Cancel](#) [Save And Next](#)

Submit

You are about to submit an application with the purpose of Closeout Audit.

[Previous](#) [Cancel](#) [Submit](#)

Submit

Your Closeout Audit Submission was received on 12/5/2016 10:54:52 AM. Review of your submission has not yet started.

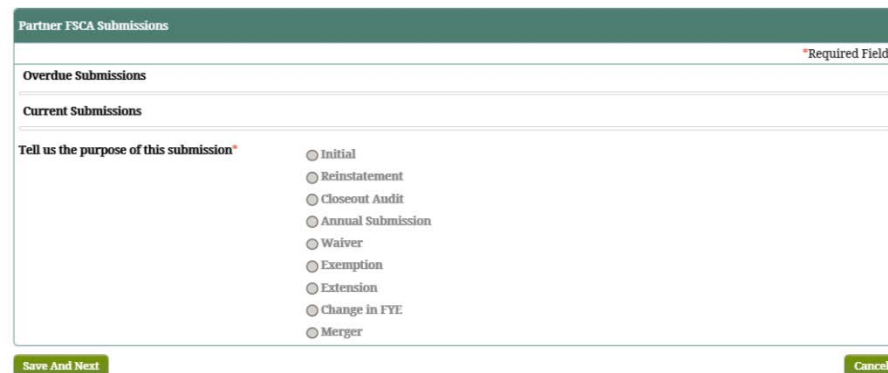
[Previous](#) [Home](#) [FSCA Home](#)

8.2 Submit Annual Financial Statements and Compliance Audits

This submission allows Partners to submit their annual financial statements and compliance audit. This is a Federal Student Aid initiated submission. “Submit annual FS and CA” must allow foreign school to submit compliance audit without financial statement, and vice versa.

Partner Type: Domestic & Foreign

1. Select *Annual Submission* on the *Partner FSCA Submissions* screen, then click **Save And Next**.
2. IPM moves to **Financial Statements** on the Left Menu.
3. IPM displays the *Annual FSCA Submission* screen.



The screenshot shows the 'Partner FSCA Submissions' interface. At the top, there is a green header with the title 'Partner FSCA Submissions' and a '*Required Field' indicator. Below the header, there are two sections: 'Overdue Submissions' and 'Current Submissions', each with a horizontal line below it. The main section is titled 'Tell us the purpose of this submission*' and contains a list of radio button options: Initial, Reinstatement, Closeout Audit, Annual Submission, Waiver, Exemption, Extension, Change in FYE, and Merger. At the bottom of the form, there are two green buttons: 'Save And Next' on the left and 'Cancel' on the right.

4. Provide the information on the *Annual FSCA Submission* screen.
5. Click **Save And Next**.
6. IPM moves to **90/10 Attestation** on the Left Menu.
7. IPM displays the *Home Country* screen that includes Numerator and Denominator sections on the screen.

Annual FSCA Submission
*Required Field

Indicate the Period Audited

Begin Date* End Date*

Review Auditor Information

Is this information correct?*
 Yes No

Auditor Search

Search by Auditor TIN

| | | |
|--|--|---|
| Enter Auditor's TIN* <input type="text" value="558833339"/> | IPI <input type="text" value="66666666"/> | Audit Firm Name <input type="text" value="Prashanthi Audit Firm"/> |
| Address1* <input type="text" value="addr1"/> | Address2 <input type="text" value="addr2"/> | |
| Country* <input type="text" value="United States"/> | State/Territory* <input type="text" value="Nevada"/> | City* <input type="text" value="city"/> |
| | Zip Code* <input type="text" value="76786"/> | +4 <input type="text" value="7858"/> |
| Phone* <input type="text" value="(151)613-2131"/> | Ext <input type="text"/> | Fax <input type="text"/> |
| | Ext <input type="text"/> | |
| Auditor Type* <input type="text" value="State Auditor"/> | Auditor License Number* <input type="text" value="23432432"/> | |

What type of Auditor's opinion was issued on the financial statements?*

Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements?*

Yes No

Provide your 90/10 attestation:

Enter Adjusted Student Title IV Revenue (Numerator)*

Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator)*

90/10 Attestation Percentage

8. Provide the information on the *Home Country* screen.
9. Click **Save And Next**.

Home Country

Numerator

Student Title IV Revenue

| | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Subsidized Loan* | Federal Pell Grant* | ACG* | TEACH* |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |

| | | | |
|--|----------------------------------|-----------------------------------|----------------------------------|
| FSEOG (subject to matching reduction)* | Federal Direct PLUS Loan* | Iraq & Afghanistan Service Grant* | Perkins Loan* |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |

Student Title IV Revenue* Unsubsidized Loan up to pre-ECASLA Loan Limits(if applicable)*

Federal Work Study applied to tuition and fees (subject to matching reduction)*

Revenue Adjustment

Tuition and fees, and other institutional charges*

Grant funds for the student from non-Federal public agencies or private sources independent of the institution*

Funds provided for the student under a contractual arrangement with a Federal, State, or local government agency for the purpose of providing job training to low income individuals*

Funds used by a student from savings plans for educational expenses established on or behalf of the student that qualify for special tax treatment under the Internal Revenue Code*

| | | | |
|--|----------------------------------|----------------------------------|--|
| Institutional scholarships disbursed to the student* | Total Funds Applied First* | Return of Title IV Revenue* | Total Adjusted Student Title IV Revenue (Numerator)* |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |

Denominator

Student Non Title IV Revenue (90/10)

| | | |
|----------------------------------|----------------------------------|----------------------------------|
| Student Payments* | Other External Funding* | Student Non - Title IV Revenue* |
| <input type="text" value="\$0"/> | <input type="text" value="\$0"/> | <input type="text" value="\$0"/> |

Amount of Unsubsidized Loan Over the pre-ECASLA Loan Limits*

Funds paid to the institution by, or on behalf of, students for education and training in qualified non - Title IV eligible programs.*

The Net Present Value (NPV) of institutional loans disbursed to students*

Revenue from other Sources (Totals for the Fiscal Year)*

Revenue Adjustment*

Previous
Cancel
Save And Next

10. IPM moves to **Balance Sheet/Income Statements** on the Left Menu.
11. IPM displays the *Balance Sheet* screen that includes an Income Statement section on the screen.
12. Provide all required information on the Balance Sheet screen.
13. Click **Save And Next**.
14. IPM moves to **Financial Contact Information** on the Left Menu.
15. IPM displays the *Contact Information* screen for Financial Statement submission.

Balance Sheet

*Required Field

| | |
|---|----------------|
| Accounts Receivable due from Management Employees-Unsecured:* | \$15,616 |
| Accounts Receivable-Related Parties-Unsecured:* | \$65,165 |
| Note(s) Receivable-Related Party-Unsecured:* | \$616 |
| Other Receivables-Unsecured Related Party:* | \$6 |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP):* | \$16 |
| Construction in Progress (CIP):* | \$65 |
| Intangible assets, net of amortization (excluding goodwill):* | \$1 |
| Goodwill:* | \$16 |
| Total Assets per Balance Sheet or Statement of Financial Position:* | \$1 |
| Long Term Line of Credit (including the short term portion):* | \$165 |
| Long term Debt (including the short term portion):* | \$156 |
| Capital Lease Obligations (including the short term portion):* | \$566 |
| Post Employment and Retirement Benefits:* | \$61 |
| Total Liabilities per Balance Sheet or Statement of Financial Position:* | \$1,616 |

Income Statement

| | |
|----------------------------|--------------|
| Total Revenues:* | \$61,616,161 |
| Total Expenses (pre-tax):* | \$894,981 |

Previous
Cancel
Save And Next

16. Provide the required contact information on the *Contact Information* screen.

- Point-of-contact regarding questions pertinent to the Financial Statement submission

17. Click **Save And Next**.

18. IPM moves to **CA Details** on the Left Menu.

19. IPM displays the *Annual FSCA Submission* screen.

Contact Information *Required Field

Please let us know whom to contact with questions regarding this submission:

Title* Other **Other Title*** FA

Prefix* Mrs. **First Name*** Julie **MI** **Last Name*** Davids **Suffix**

E-Mail Address* JDavids@gmail.com **Please re-enter your E-Mail Address*** JDavids@gmail.com

Phone* (256)111-3216 **Ext** **Fax** **Ext**

Financial Statement Notes*
Financial Statements for Partner

Previous
Cancel
Save And Next

Contact Information *Required Field

Please let us know whom to contact with questions regarding this submission:

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

Financial Statement Notes*

Previous
Cancel
Save And Next

20. Provide the necessary information on the *Annual FSCA Submission* screen.

- Relevant information regarding the Compliance Audit

21. Click **Save And Next**.

22. IPM displays the *Contact Information* screen for the Compliance Audit submission.

Annual FSCA Submission

*Required Field

Indicate the Period Audited

Begin Date* **End Date***

Review Auditor Information

Records indicate your current Auditor is:

Is this information correct?*

Yes No

Auditor Search ?

Search by Audit Firm Name

Enter Auditor's TIN* **IPI** **Audit Firm Name**

Address 1* **Address 2**

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

International Phone Number (including country code)* ? **Ext** **International Fax Number (including country code)** ? **Ext**

Auditor Type* **Auditor License Number**

Type of Auditor's Opinion issued on Compliance Audit.*

Does this Compliance Audit contain any findings related to the FSA Title IV Programs?*

Yes No

23. Provide the required contact information on the Contact Information screen.
 - Point-of-contact regarding questions pertinent to the Compliance Audit submission
24. Click **Save And Next**.
25. IPM moves to **Upload Documents** on the Left Menu.
26. IPM displays the *Checklist And Upload* screen.
27. Click **Upload New**.

Contact Information *Required Field

Please let us know who to contact with questions regarding the Compliance Audit submission.
Is the contact for Compliance Audit the same as Financial Statement Submission?
 Yes No

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

Compliance Audit Notes

Previous **Cancel** **Save And Next**

28. IPM displays the *Upload Document Details* screen.

29. Choose the document file to be uploaded, and select the type of document to be uploaded.

30. Click **Upload**.

CheckList And Upload

Are the following items, if applicable, included in the attachment of your Financial Statement Submission?

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Statement of Financial Position
- Statement of Activities
- Cash Flows Statement
- Consolidated Statements
- Notes to Financial Statements
- Independent Auditor's Report on Compliance and on Internal Control Over Financial Statements Performed in Accordance with Government Auditing Standards.

Are the following items, if applicable, included in the attachment of your Compliance Audit Submission?

- Schedule of Expenditures of Federal Awards
- Report on Internal Controls (This report must contain the Auditor's signature and date.)
- Corrective Action Plan Schedule of Findings and Questioned Costs
- Summary Schedule of Prior Year Audit Findings Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance Financial Statements Performed in Accordance with OMB Circular A-133

Select the document you would like to upload:

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|--|----------------------|----------------------|----------------------------|
| 1 | Compliance Audits - Northeastern Seminary | <input type="text"/> | <input type="text"/> | Upload New |
| 2 | Financial Statements - Northeastern Seminary | <input type="text"/> | <input type="text"/> | Upload New |

[Upload Other Documents](#)

Previous
Cancel
Save And Next

31. IPM adds the uploaded document to the *Checklist And Upload* table.
- e. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
 - Additional document(s) pertaining to the Annual Submission
 - f. IPM displays the *Upload Document Details* screen.
 - g. Choose the document file to be uploaded, and select the type of document to be uploaded, and then click **Upload**.
 - h. IPM adds the uploaded document to the *Checklist And Update* table.

CheckList And Upload

Are the following items, if applicable, included in your Financial Statement Submission?

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Balance Sheet
- Change In Equity
- Cash Flows Statement
- Consolidated Statements
- Notes to Financial Statements
- 90/10 Revenue Percentage Reported in the Notes to the Financial Statements
- Report on Compliance with Laws and Regulations
- Report on Internal Controls (This report must contain the Auditor's signature and date.)
- Income Statement

Are the following items, if applicable, included in your Compliance Audit Submission?



- Servicer Information Sheet
- Auditor Information Sheet
- Summary Schedule A
- Summary Schedule B
- Summary Schedule C
- Corrective Action Plan
- Schedule of Findings and Questioned Costs
- Schedule addressing prior year findings
- Explanation of All Current Year Audit Findings

Does the Independent Auditor's Report make reference to the examination of required management assertions?

- Institutional Eligibility and Participation
- Reporting
- Student Eligibility
- Disbursements
- Refunds/Return of Title IV
- GS and Cash Management
- Perkins Loan
- Administrative Capability
- Closeout (if applicable)

Select the document you would like to upload:

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

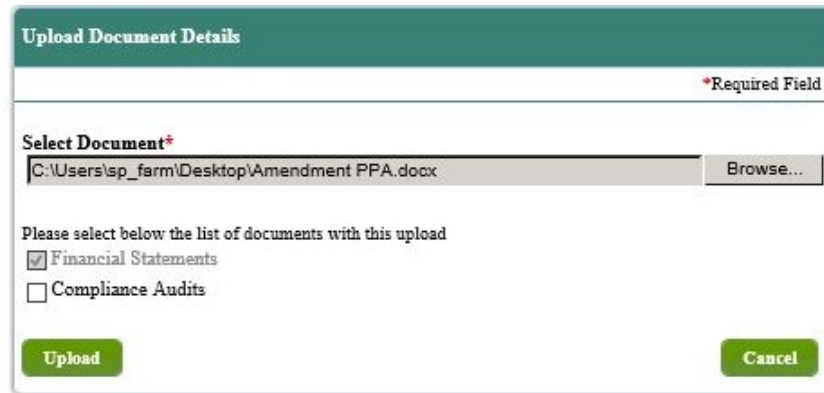
| # | Document Type | Document | Comments | Actions ? |
|----------------------|---|---|----------|---|
| <input type="text"/> | | | | <input type="text"/> |
| 1 | Financial Statements - AG school of Art |  | | View Delete |
| 2 | Compliance Audits - AG school of Art |  | | View Delete |

Upload Other Documents

Previous
Cancel
Save And Next

32. Click **Save And Next**.

33. IPM displays the **Submit** screen.

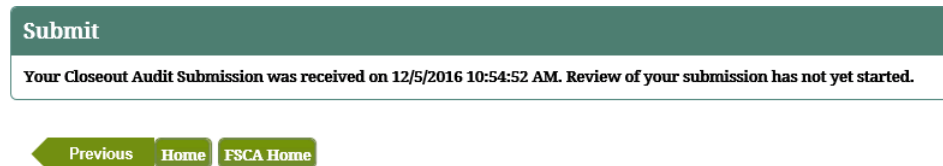


34. Click **Submit**.

35. IPM displays the **Submit** screen with a message indicating the Annual Submission was received on the date and time of the submission.



One document may be submitted for both; however, one document may not be uploaded twice. In the case of one document for both, both Compliance Audits and Financial Statements should be checked on the screen.



8.3 Exemption Notification

This submission allows public and private non-profit Partners to notify Federal Student Aid that a Domestic Partner is exempt from submitting audited Financial Statements and/or Compliance Audits and to determine whether a Foreign School Partner is eligible to submit a request for Multi Year Compliance Audit.

Partner Type: Domestic

1. Select *Exemption* on the *Partner FSCA Submission* screen, then click **Save And Next**.
2. IPM moves to **Exemption of Financial Statements/Compliance Audits** on the Left Menu.
3. IPM displays the *Request Exemption Details* screen.

The screenshot displays the 'Partner FSCA Submissions' interface. At the top, there is a green header bar with the title 'Partner FSCA Submissions' and a '*Required Field' indicator. Below the header, there are two sections: 'Overdue Submissions' and 'Current Submissions', both of which are currently empty. The main content area is titled 'Tell us the purpose of this submission*' and contains a list of radio button options: Initial, Reinstatement, Closeout Audit, Annual Submission, Waiver, Exemption, Extension, Change in FYE, and Merger. At the bottom of the form, there are two buttons: 'Save And Next' on the left and 'Cancel' on the right.

4. Provide the necessary information on the **Request Exemption Details** screen.
5. Select **Yes** or **No** for both questions at the bottom of the **Request Exemption Details** screen.
 - a. Are your financial statements ready for submission?
 - If “**No**” is selected, proceed to the 2nd question.
 - b. Are your financial statements audited?
 - Select **No**, then click “**Save And Next**”.
 - IPM moves to **Contact Information of Financial Statements/Compliance Audits** on the Left Menu.
 - c. Are your financial statements ready for submission?
 - If **Yes** is selected, proceed to the 2nd question.
 - Financial Statements will need to be uploaded via the **Upload Document Details** screen.
 - d. Are your financial statements audited?
 - Select **Yes** or **No** as applicable, then click **Save And Next**.
 - IPM moves to **Contact Information of Financial Statements/Compliance Audits** on the Left Menu.

Request Exemption Details

*Required Field

What are your total Title IV expenditures?*

What are your additional Federal expenditures?*

 Calculate

Total Federal Expenditures

Your exemption, if approved, will apply to Fiscal Year End: ?

Please note that if the exemption request is approved, the deadline for the submission of the “Below the Threshold” Financial Statements is 8 months after the fiscal year end. However, if the “Below the Threshold” Financial Statements are available at this time, they can be uploaded below. This submission will be processed if the exemption is approved. If the exemption is denied, the submission will be invalidated.

Are your financial statements ready for submission?*

Yes No

Are your financial statements audited?*

Yes No

Cancel
Save And Next

6. IPM displays the **Contact Information** screen for the Exemption Notification submission.

7. Provide the contact information on the **Contact Information** screen.

8. Click **Save And Next**.

9. IPM moves to **Upload Documents** on the Left Menu.

10. IPM displays the **Checklist And Upload** screen.

11. Click **Upload New**.

12. IPM displays the **Upload Document Details** screen.

13. Choose the document file to be uploaded, and select the type of document to be uploaded, then click **Upload**.

Contact Information *Required Field

Please let us know whom to contact with questions regarding this request.

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

Please enter any additional notes

Previous Cancel Save And Next

Checklist And Upload

Please use the fields below to upload your 'Below Threshold' Financial Statements. Once all the files have been uploaded, select "Submit". Selecting "Cancel" will return you to your home page without saving or submitting your information.

Please upload the following documents.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|--|----------|----------|----------------------------|
| 1 | Financial Statements - Northeastern Seminary | | | Upload New |

Upload Other Documents

Previous Cancel Save And Next

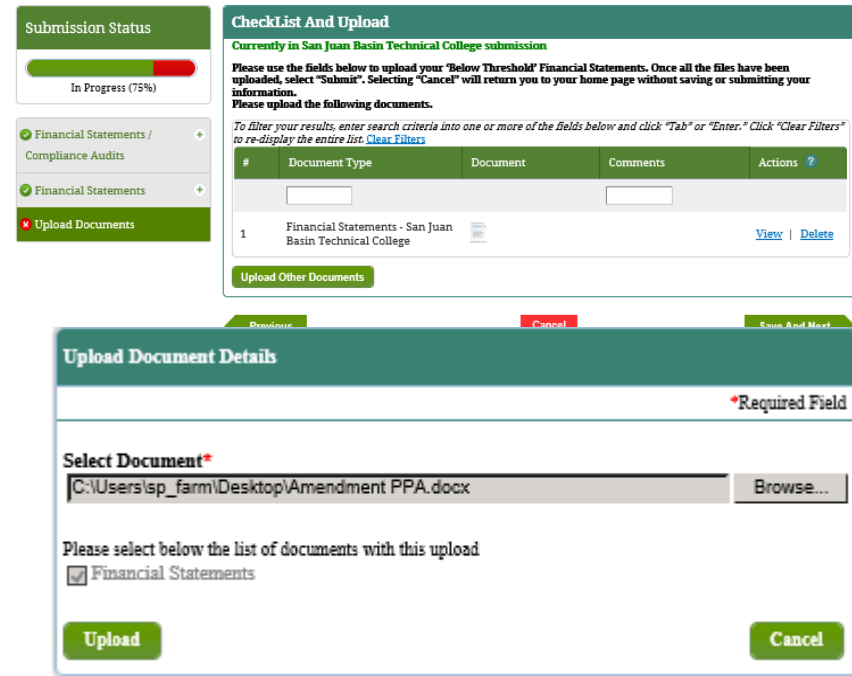
14. IPM adds the uploaded document(s) to the *Checklist And Upload* table.

- Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
- Additional document(s) pertaining to the Exemption Notification submission
- IPM displays the *Upload Document Details* screen.
- Choose the document file to be uploaded and select the type of document to be uploaded then click **Upload**.

15. IPM adds the uploaded document(s) to the *Checklist And Upload* table.

16. Click **Save And Next**.

17. IPM displays the **Submit** screen.



- 18. Click **Submit**.
- 19. IPM displays the **Submit** screen with a message indicating the Exemption Notification submission was received on the date and time of the submission.



To qualify for an exemption, the institution's total federal expenditures must not be more than \$500,000 if FYE is prior to 12/26/2014. Or, the institution's total federal expenditures must not be more than \$750,000 if FYE is on or after 12/26/2014.

Submit

You are about to submit an application with the purpose of Exemption. By selecting the "Submit" button, I acknowledge that the information I have entered on this page will be sent to the US Department of Education. I hereby certify to the best of my knowledge and belief, all information in this submission is true and accurate.

[Previous](#) [Cancel](#) [Submit](#)

Submit

Your Closeout Audit Submission was received on 12/5/2016 10:54:52 AM. Review of your submission has not yet started.

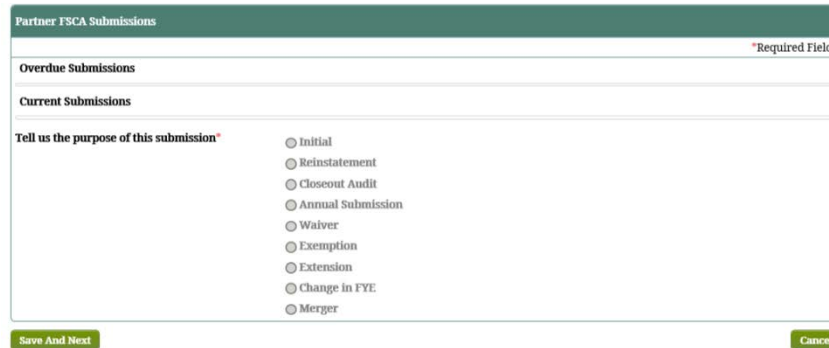
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8.4 Submit Waiver or Foreign School MYCA Request

This submission allows Partners to submit a Waiver Request for For-Profit domestic institutions along with Multi-Year Compliance Audits and the omission of US GAAP/ GAGAS financial statements.

Partner Type: Domestic

1. Select **Waiver** on the *Partner FSCA Submissions* screen, then click **Save And Next**.
2. IPM displays the *Request Waiver* screen.



The screenshot shows the 'Partner FSCA Submissions' interface. At the top, there is a green header with the title 'Partner FSCA Submissions'. Below the header, there are two sections: 'Overdue Submissions' and 'Current Submissions'. The 'Current Submissions' section is active and contains a form with the label 'Tell us the purpose of this submission*'. To the right of this label is a list of radio button options: Initial, Reinstatement, Closeout Audit, Annual Submission, Waiver, Exemption, Extension, Change in FYE, and Merger. The 'Waiver' option is selected. At the bottom of the form, there are two buttons: 'Save And Next' on the left and 'Cancel' on the right. A small red asterisk and the text '*Required Field' are located in the top right corner of the form area.

3. Select **Yes** on the *Request Waiver* screen.
 - If **No** is selected, IPM displays a message in red on the **Request Waiver** screen. Click **Cancel**.

Request Waiver

*Required Field

Did the institution disburse any Title IV funds during the period?*
 Yes No

Please note that because no Title IV funds have been disbursed, no compliance audit is due, only audited financial statements. Therefore a waiver request is not applicable. Please return to the "Maintain Eligibility" page and link. When you indicate that no Title IV funds were disbursed only a financial statement submission will be required.

Cancel Save And Next

4. IPM expands the *Request Waiver* screen to include the Self-Assessment section on the screen.
5. Select **Yes** or **No** for each question in the Self-Assessment section on the screen, then click **Save And Next**.
6. IPM displays the *Contact Information* screen for Submit Waiver.
7. Provide the contact information on the *Contact Information* screen.

Request Waiver *Required Field

Did the institution disburse any Title IV funds during the period?
 Yes No

Self-Assessment

Is a domestic (not a Foreign) Institution.*
 Yes No

Disbursed less than \$200,000 in Title IV, HEA program funds during each of the last of the two completed award years preceding the waiver request?
 Yes No

Participated in the Title IV programs under the same ownership for at least three award years preceding the waiver request?
 Yes No

Is financially responsible as defined in 34 C.F.R §668.171 (An institution that did not meet the standard §668.171 but was deemed financially responsible under the alternative standards of 34 C.F.R.R §668.171 does not qualify for the audit waiver)*
 Yes No

Is not on the reimbursement or cash monitoring system of payment.*
 Yes No

Has not been subject to limitation, suspension, fine, or termination proceedings, or emergency action (initiated by ED or a guarantee agency) in the three years preceding the institutions waiver request
 Yes No

Submitted its compliance and financial statement audits timely for the previous two fiscal years, and was assessed no liabilities in excess of \$10,000 in either year*
 Yes No

Is not scheduled to submit its application for recertification during an award that would fall in the second fiscal year of the waiver period.*
 Yes No

Agrees to keep record of each award year relating to each award year in the waiver period for two years after the end of the standard record retention period for those records*
 Yes No

Is the institution willing to provide a Letter of Credit for 10% of the amount of Title IV funds disbursed during the award year preceding the waiver request, if the waiver request is approved?
 Yes No

I acknowledge that I understand the self-assessment criteria and would like to request a waiver.*

Cancel Save And Next

8. Click **Save And Next**.
9. IPM displays the **Submit** screen.
10. Click **Submit**.
11. IPM displays the **Submit** screen with a message indicating the Waiver submission was received on the date and time of the submission.

Contact Information

*Required Field

Please let us know who to contact with questions regarding this request.

Title*

- Select --
- CEO/President/Chancellor
- Chief Financial Officer
- Chief Financial Aid Director
- Financial Aid Director
- DPA
- Other

MI
Last Name*
Suffix

Please re-enter your E-Mail Address*

Ext

Fax

Contact Information

*Required Field

Please let us know who to contact with questions regarding this request.

Title*

Other Title*

Prefix*

First Name*

MI

Last Name*

Suffix

Please re-enter your E-Mail Address*

E-Mail Address*

E-Mail Address*

Phone*

Ext

Submit

You are about to submit an application with the purpose of Waiver.

123

Submit

Your Closeout Audit Submission was received on 12/5/2016 10:54:52 AM. Review of your submission has not yet started.

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Multi-Year Compliance Audit – Foreign Public and Non-Profit Schools

1. Select **Multi-Year Compliance Audit** on the *Partner FSCA Submissions* screen.
2. Provide the Title IV, HEA program funding amount.
3. Click **Save And Next**.

The screenshot shows the 'Partner FSCA Submissions' interface. At the top, there are sections for 'Overdue Submissions' and 'Current Submissions'. Below these, a section titled 'Tell us the purpose of this submission*' contains a list of radio button options: Initial, Reinstatement, Closeout Audit, Annual Submission, Waiver, Exemption, Extension, Change in FYE, Merger, and Multiyear Compliance Audit. The 'Multiyear Compliance Audit' option is selected. Below the list is a detailed explanation of the alternative compliance audit process, including criteria such as funding amount, submission history, and certification. At the bottom, there is a field for 'Report the amount of Title IV, HEA program funding (valued in U.S. Dollars) that your institution received during its most recently completed fiscal year ended *'. The value '\$1,000,000.00' is entered, and a red note indicates 'Amount should be between 1 to 499999'. At the bottom of the form, there are 'Save And Next' and 'Cancel' buttons.

4. IPM displays the **Contact Information** screen for Multi-Year Compliance Audit submission.
5. Select a Title to populate the contact information.
6. If Other is chosen as Title, provide required contact information.
 - Point-of-contact regarding questions pertinent to the Multi-Year Compliance Audit submission
7. Click **Save And Next**.
8. IPM displays the **Submit** screen.
9. Click **Submit**.
10. IPM displays the **Submit** screen with a message indicating the Multi-Year Compliance Audit submission was received on the date and time of the submission.

Contact Information

*Required Field

Please let us know whom to contact with questions regarding this request to submit a Multi Year Compliance Audit report.

Title*

Other

Other Title*

Multi Year Official

Prefix*

Coordinator

First Name*

Bob

MI

Last Name*

Frank

Suffix

E-Mail Address*

bfrank@gmail.com

Please re-enter your E-Mail Address*

bfrank@gmail.com

International Phone Number (including country code)*

+54-18658572687528

Ext

International Fax Number (including country code)*

Ext

By submitting this request, I certify that Sofia University St. Kliment Ohridski qualifies to submit a multi-year compliance audit. I certify that the following information provided is true and correct to the best of my knowledge:

- Sofia University St. Kliment Ohridski received less than \$500,000 in Title IV, HEA programs funds during

By Submitting this request, I also acknowledge that

- Sofia University St. Kliment Ohridski must annually report its Title IV, HEA program funding level to the Department of Education
- Sofia University St. Kliment Ohridski must report any change in fiscal year end date to the Department of Education
- Sofia University St. Kliment Ohridski must timely submit an alternative compliance audit performed in accordance with audit guides developed by, and available from, the Office of Inspector General, that covers a period not to exceed three of the institution's consecutive fiscal years no later than six months after the last day of the most recent fiscal year, or contemporaneously with a standard compliance audit timely submitted under 34 C.F.R §668.23(h)(2)(i) or 34 C.F.R §668.23(i)(3)(ii) for the most recently completed fiscal year

Previous

Cancel

Save And Next

Submit

You are about to submit an application with the purpose of Waiver.

Previous

Cancel

Submit

8.5 Submit Change in Fiscal Year End Request

This submission allows Partners to submit a notification of a change in the fiscal year end month. Partners may need to change their fiscal year end date for various reasons and need to notify Federal Student Aid of this change to ensure accuracy in the timing of financial statement and audit submissions, and of future reporting.

Partner Type: Domestic & Foreign

1. Select *Change in FYE* from the list of FSCA Submission Types, then click “**Save And Next**”.
2. IPM displays the *Change in Fiscal Year End* screen.
3. Provide the new Fiscal Year End.
4. Click **Save And Next**.
5. IPM displays the *Contact Information* screen for Change in Fiscal Year End.
6. Provide the contact information on the *Contact Information* screen

Change in Fiscal Year End

*Required Field

Our records indicate that the current fiscal year end for AG school of Art is

Enter New Fiscal Year End*

Cancel
Save And Next

Contact Information

*Required Field

Please let us know who to contact with questions regarding this request.*

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

Please enter any additional notes

Previous
Cancel
Save And Next

7. Point-of-contact for questions regarding the Change of FYE submission
8. Click **Save And Next**.
9. IPM displays the *Checklist And Upload* screen.

Checklist And Upload

The following components must be included in your Audited Financial Statements.

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Cash Flows Statement
- Notes to Financial Statement
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|-----|---------------|----------|----------|-----------|
| [] | [] | | | |

No document type available for current application

Upload Other Documents

Previous
Cancel
Save And Next

10. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
11. Document(s) pertaining to the Change of FYE submission
12. Choose the document file to be uploaded, and select the type of document to be uploaded.
13. Click **Upload**.

Upload Document Details

*Required Field

Select Document*

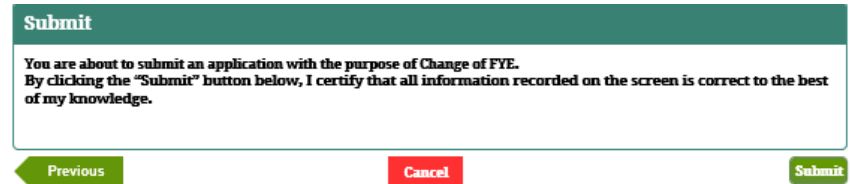
C:\Users\sp_farm\Desktop\Amendment PPA.docx
Browse...

Please select below the list of documents with this upload

Official Confirmation of IRS Approval of Form 1128

Upload
Cancel

14. IPM adds the uploaded document to the *Checklist And Upload* table.
15. Click **Save And Next**.
16. IPM displays the *Submit* screen.
17. Click **Submit**.
18. IPM displays the *Submit* screen with a message indicating the Change of FYE submission was received on the date and time of the submission.

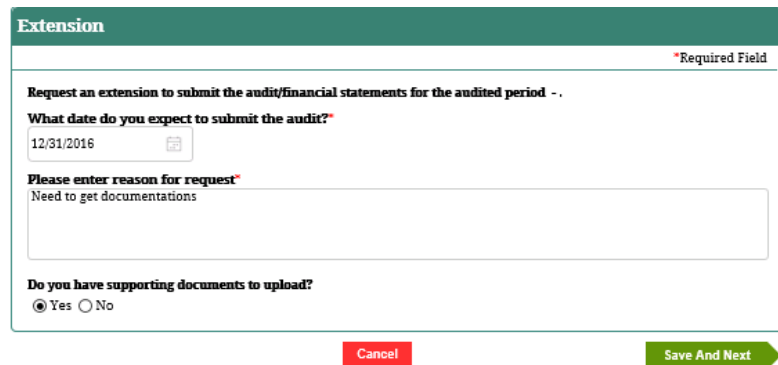
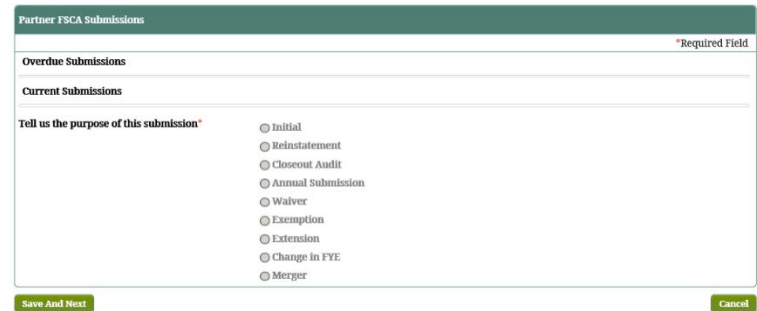


8.6 Request Extension Link

This submission allows Partners to request an extension of the due date for submitting annual financial statements and compliance audits (FS/CA) due to a natural disaster, federally declared disaster or any other catastrophic event affecting the Partner.

Partner Type: Domestic & Foreign

1. Select **Extension** on the *Partner FSCA Submission* screen, then click **Save And Next**.
2. IPM displays the *Extension* screen.
3. Provide the anticipated date of the audit and provide a reason for the Extension Request.
4. Select **Yes** or **No** regarding uploading supporting documents.
 - If **Yes**, uploading document(s) will be required
 - If **No**, uploading document(s) will be optional
5. Click **Save And Next**.



6. IPM moves to **Contact Information** on the Left Menu.
7. IPM displays the *Contact Information* screen for Request Extension.
8. Provide the contact information on the *Contact Information* screen.
9. Click **Save And Next**.

Contact Information

*Required Field

Please let us know whom to contact with questions regarding this request.

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

Please enter any additional notes

Previous
Cancel
Save And Next

10. IPM moves to **Upload Documents** on the Left Menu.
11. IPM displays the *Checklist And Upload* screen.
12. If **No** in Step 4, click **Save and Next**.
13. If **Yes** in Step 4, IPM displays the *Checklist And Upload* screen, click **Upload New**.
14. IPM displays the Upload Document Details screen.

Checklist And Upload

Please use the fields below to upload your 'Below Threshold' Financial Statements. Once all the files have been uploaded, select "Submit". Selecting "Cancel" will return you to your home page without saving or submitting your information. Please upload the following documents.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|--|----------|----------|----------------------------|
| 1 | Financial Statements - Northeastern Seminary | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

15. Choose the document file to be uploaded, and select the type of document to be uploaded, then click “**Upload**”.
16. IPM adds the uploaded document to the *Checklist And Upload* table.
17. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
18. IPM displays the *Upload Document Details* screen.
19. Choose the document file to be uploaded, and select the type of document to be uploaded, then click “**Upload**”.
20. IPM adds the uploaded document to the *Checklist And Update* table
21. Click **Save And Next**.

Upload Document Details

*Required Field

Select Document*

Browse...

Please select below the list of documents with this upload

Compliance Audits

Upload **Cancel**

Submit

You are about to submit an application with the purpose of Exemption. By selecting the “Submit” button, I acknowledge that the information I have entered on this page will be sent to the US Department of Education. I hereby certify to the best of my knowledge and belief, all information in this submission is true and accurate.

Previous **Cancel** **Submit**

22. IPM displays the *Submit* screen.
23. Click **Submit**.
24. IPM displays the *Submit* screen with a message indicating the Request Extension submission was received on the date and time and time of the submission.
25. IPM shows the actual date and time.

CheckList And Upload

To filter your results, enter search criteria into one or more of the fields below and click “Tab” or “Enter.” Click “Clear Filters” to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|--------------------------|----------|----------|---|
| 1 | Other - AG school of Art | | Upload | View Delete |

Upload Other Documents

Previous **Cancel** **Save And Next**

Submit
Your Closeout Audit Submission was received on 12/5/2016 10:54:52 AM. Review of your submission has not yet started.

[Previous](#) [Home](#) [FSCA Home](#)

8.7 Submit New Institution or Reinstatement

This submission allows a Partner to prepare and submit a New Institution or Reinstatement submission in support of an Eligibility Application.

Partner Type: Domestic & Foreign

7.7.1 Submit New Institution for Domestic Public Schools

1. Select *Initial* on the *Partner FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM displays the *New Institution* screen.

The screenshot displays the 'Partner FSCA Submissions' interface. At the top, there is a green header bar with the text 'Partner FSCA Submissions'. Below this, there are two sections: 'Overdue Submissions' and 'Current Submissions'. The 'Current Submissions' section is active and contains a form titled 'Tell us the purpose of this submission*'. This form has a list of radio button options: 'Initial' (selected), 'Reinstatement', 'Closeout Audit', 'Annual Submission', 'Waiver', 'Exemption', 'Extension', 'Change in FYE', 'Merger', and 'Multiyear Compliance Audit'. At the bottom of the form, there are two buttons: 'Save And Next' on the left and 'Cancel' on the right. A small asterisk and the text '*Required Field' are visible in the top right corner of the form area.

4. Provide the required previous and current Fiscal Year End dates.
5. Provide the information on the institution's auditor, if the information is pre-populated, indicate whether the information is correct or not with the option to edit.
6. Provide basic information about their 90/10 attestation.
7. Click **Save and Next**.
8. IPM moves to the *Contact Information* screen.

New Institution

Currently in APRSS submission *Required Field

Enter the institution's most Recent Fiscal Year End:

| | |
|---|---|
| Current Fiscal Year End* | Previous Fiscal Year End* |
| <input type="text" value="12/31/2016"/> | <input type="text" value="12/31/2015"/> |

Please answer the following questions for

Indicate the Period Audited

| | |
|---|---|
| Begin Date* | End Date* |
| <input type="text" value="01/01/2016"/> | <input type="text" value="12/31/2016"/> |

Review Auditor Information

Is this information correct?*

Yes No

Enter Auditor Information:

Auditor Search

| | | |
|---|--|---|
| Enter Auditor's TIN* | IPI | Audit Firm Name |
| <input type="text" value="151613610"/> | <input type="text" value="44602005"/> | <input type="text" value="Jose R. Rivera Anada"/> |
| Address1* | | Address2 |
| <input type="text" value="P.O. Box 331147"/> | | <input type="text"/> |
| Country* | State/Territory* | City* |
| <input type="text" value="United States"/> | <input type="text" value="Puerto Rico"/> | <input type="text" value="Ponce"/> |
| | | Zip Code* |
| | | <input type="text" value="00733"/> |
| Phone* | Ext | Fax |
| <input type="text" value="(156)613-1163"/> | <input type="text"/> | <input type="text"/> |
| Auditor Type* | Auditor License Number* | |
| <input type="text" value="Certified Public Accountant"/> | <input type="text" value="88949131"/> | |
| What type of Auditor's Report was issues on the Financial Statements?* | | |
| <input type="text" value="Qualified"/> | | |
| Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements?* | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Provide your 90/10 attestation: <input checked="" type="radio"/> | | |
| Enter Adjusted Student Title IV Revenue (Numerator)* | | |
| <input type="text" value="90"/> | | |
| Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator)* | | |
| <input type="text" value="100"/> | | |
| 90/10 Attestation Percentage | | |
| <input type="text" value="90.00"/> | | |

9. Click **Save and Next**.
10. IPM moves to **Compliance Contact Information** on the Left Menu.
11. Provide required contact information for a person FSA could contact with questions regarding the compliance audit.
12. Click **Save and Next**.
13. IPM moves to **Upload Documents** in the Left Menu.

14. Click **Upload New**.
15. IPM displays *Upload Document Details* screen.
16. Select the document to be uploaded and choose the document type.
17. Click **Upload**.
18. IPM adds the uploaded document to the *Check List And Upload* table.

The screenshot shows a web form titled "Contact Information" with a green header. Below the header, it says "Currently in APRSS submission" and "Required Field". The form asks for contact details for a submission. It includes fields for "Title" (with a dropdown menu showing "Other"), "Other Title" (with "Financial Official" entered), "Prefix" (with "Ms." in a dropdown), "First Name" (with "Brenda"), "MI" (empty), "Last Name" (with "Jason"), and "Suffix" (empty). There are two "E-Mail Address" fields, both containing "Jasonb@apr.edu". There are also "Phone" and "Fax" fields, with "Phone" containing "(494)651-6586" and a delete icon. At the bottom, there is an "Additional Notes" text area. Navigation buttons "Previous", "Cancel", and "Save And Next" are visible at the bottom of the form.

The screenshot shows a dialog box titled "Upload Document" with a dark blue header. Below the header, it says "Upload Document Details" and "Required Field". The dialog asks to "Select Document" and shows a file path "C:\Users\sp_farm\Desktop\DUC 54.1.xlsx" with a "Browse..." button. Below this, it says "Please select below the list of documents with this upload" and lists two options: "Financial Statement Year 1" (checked) and "Financial Statements Year 2" (unchecked). At the bottom, there are "Upload" and "Cancel" buttons.

19. Click on **Upload Other Documents** to upload additional documents that may be useful for FSA review of financial statements or compliance audits.
20. Follow steps 16 through 19 above.
21. The user cannot upload the same document for two different document types.
22. Click **Save and Next**.
23. IPM moves to the *Submit* screen.

24. Click **Submit**.
25. IPM displays a *Submit* screen with a message that the Annual Submission was received on the date and time of the submission.

CheckList And Upload

Currently in APRSS submission

The following components must be included in your Audited Financial Statements.

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Cash Flows Statement
- Notes to Financial Statement
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.

Public institutions are also asked to provide notification of such designation by the entity that has the legal authority to make that designation, and a letter from the entity confirming that the institution is a public institution..

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|-------------------------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 1 | Financial Statement Year 1 - APRSS | | | View Delete |
| 2 | Financial Statements Year 2 - APRSS | | | View Delete |

Upload Other Documents

Previous
Cancel
Save And Next

Submit

You are about to submit an application with the purpose of Initial Certification.

Previous
Cancel
Submit

Submit

Your Initial Certification was received on 12/6/2016 4:33:04 PM. Review of your submission has not yet started.

Previous
Home
FSCA Home

7.7.2 Submit New Institution for Domestic For Profit Schools

1. Select *Initial* on the *Partner FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM displays the *New Institution* screen.

The screenshot shows the 'Partner FSCA Submissions' interface. At the top, there is a green header bar with the text 'Partner FSCA Submissions' and a red asterisk indicating a 'Required Field'. Below the header, there are two sections: 'Overdue Submissions' and 'Current Submissions'. Under 'Current Submissions', there is a section titled 'Tell us the purpose of this submission*' with a list of radio button options: 'Initial' (selected), 'Reinstatement', 'Closeout Audit', 'Annual Submission', 'Waiver', 'Exemption', 'Extension', 'Change in FYE', 'Merger', and 'Multiyear Compliance Audit'. At the bottom of the form, there are two buttons: 'Save And Next' on the left and 'Cancel' on the right.

4. Provide the required previous and current Fiscal Year End dates.
5. Provide the information on the institution's auditor, if the information is pre-populated, indicate whether the information is correct or not with the option to edit.
6. Provide basic information about their 90/10 attestation.
7. Click **Save and Next**.
8. IPM moves to the *Balance Sheet/Income Statement* on the left menu.

New Institution

Currently in APRSS submission *Required Field

Enter the institution's most Recent Fiscal Year End:

| | |
|---|---|
| Current Fiscal Year End* | Previous Fiscal Year End* |
| <input type="text" value="12/31/2016"/> | <input type="text" value="12/31/2015"/> |

Please answer the following questions for

Indicate the Period Audited

| | |
|---|---|
| Begin Date* | End Date* |
| <input type="text" value="01/01/2016"/> | <input type="text" value="12/31/2016"/> |

Review Auditor Information

Is this information correct?*

Yes No

Enter Auditor Information:

Auditor Search

| | | |
|---|--|---|
| Enter Auditor's TIN* | IPI | Audit Firm Name |
| <input type="text" value="151613610"/> | <input type="text" value="44602005"/> | <input type="text" value="Jose R. Rivera Anada"/> |
| Address1* | | Address2 |
| <input type="text" value="P.O. Box 331147"/> | | <input type="text"/> |
| Country* | State/Territory* | City* |
| <input type="text" value="United States"/> | <input type="text" value="Puerto Rico"/> | <input type="text" value="Ponce"/> |
| | | Zip Code* |
| | | <input type="text" value="00733"/> |
| Phone* | Ext | Fax |
| <input type="text" value="(156)613-1163"/> | <input type="text"/> | <input type="text"/> |
| Auditor Type* | Auditor License Number* | |
| <input type="text" value="Certified Public Accountant"/> | <input type="text" value="88949131"/> | |
| What type of Auditor's Report was issues on the Financial Statements?* | | |
| <input type="text" value="Qualified"/> | | |

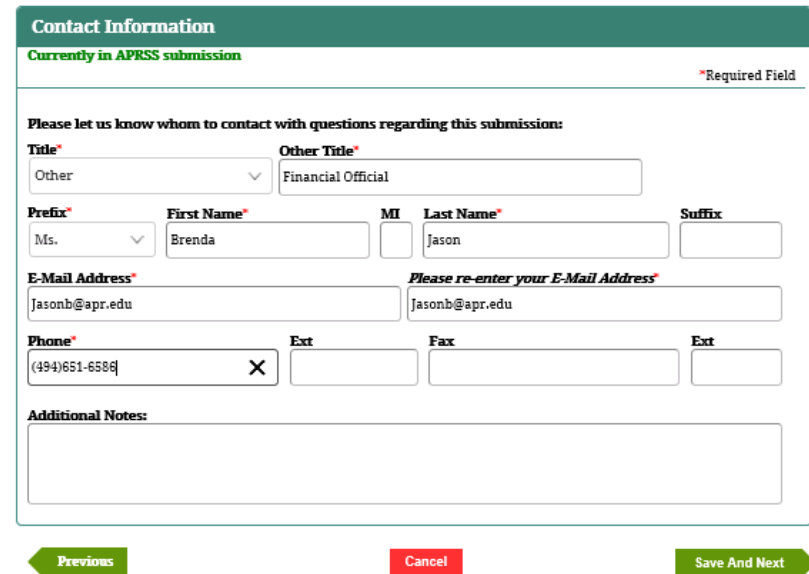
- 9. Provide all required information.
- 10. Click **Save and Next**.
- 11. IPM moves to **Compliance Contact Information** on the Left Menu.

| Balance Sheet | |
|---|--------------------------|
| *Required Field | |
| Accounts Receivable due from Management Employees-Unsecured:* | <input type="text"/> |
| Accounts Receivable-Related Parties-Unsecured:* | <input type="text"/> |
| Note(s) Receivable-Related Party-Unsecured:* | <input type="text"/> |
| Other Receivables-Unsecured Related Party:* | <input type="text"/> |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP):* | <input type="text"/> |
| Construction in Progress (CIP):* | <input type="text"/> |
| Intangible assets, net of amortization (excluding goodwill):* | \$7 <input type="text"/> |
| Goodwill:* | <input type="text"/> |
| Total Assets per Balance Sheet or Statement of Financial Position:* | <input type="text"/> |
| Long Term Line of Credit (including the short term portion):* | <input type="text"/> |
| Long term Debt (including the short term portion):* | <input type="text"/> |
| Capital Lease Obligations (including the short term portion):* | <input type="text"/> |
| Post Employment and Retirement Benefits:* | <input type="text"/> |
| Total Liabilities per Balance Sheet or Statement of Financial Position:* | <input type="text"/> |

| Income Statement | |
|----------------------------|----------------------|
| Total Revenues:* | <input type="text"/> |
| Total Expenses (pre-tax):* | <input type="text"/> |

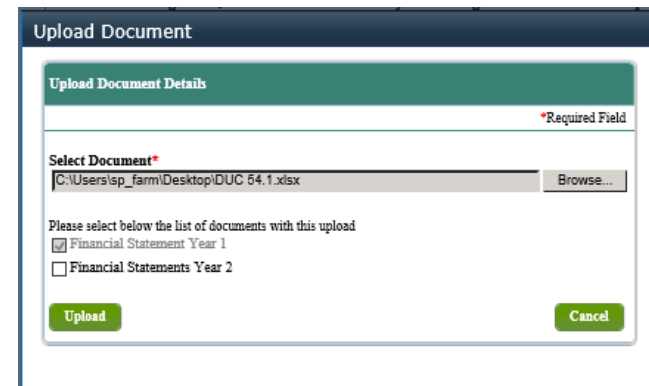
Previous Cancel Save And Next

- 12. Provide required contact information for a person FSA could contact with questions regarding the compliance audit.
- 13. Click **Save and Next**.
- 14. IPM moves to **Upload Documents** in the Left Menu.



The 'Contact Information' form is titled 'Currently in APRSS submission' and includes a '*Required Field' indicator. It asks the user to provide contact details for a submission. The form contains the following fields: 'Title*' (a dropdown menu with 'Other' selected), 'Other Title*' (a text input field with 'Financial Official' entered), 'Prefix*' (a dropdown menu with 'Ms.' selected), 'First Name*' (a text input field with 'Brenda' entered), 'MI' (a text input field), 'Last Name*' (a text input field with 'Jason' entered), and 'Suffix' (a text input field). Below these are 'E-Mail Address*' (a text input field with 'jasonb@apr.edu' entered) and a confirmation field 'Please re-enter your E-Mail Address*' (also with 'jasonb@apr.edu' entered). The 'Phone*' field is split into '(494)651-6586|' and a 'Phone' field with a 'X' icon. There are also 'Ext' and 'Fax' fields, each with an 'Ext' label. At the bottom is an 'Additional Notes' text area. Navigation buttons 'Previous', 'Cancel', and 'Save And Next' are located below the form.

- 15. Click **Upload New**.
- 16. IPM displays *Upload Document Details* screen.
- 17. Select the document to be uploaded and choose the document type.
- 18. Click **Upload**.
- 19. IPM adds the uploaded document to the *Check List And Upload* table.



The 'Upload Document' form is titled 'Upload Document Details' and includes a '*Required Field' indicator. It features a 'Select Document*' dropdown menu with the file path 'C:\Users\isp_farm\Desktop\DUC 54.1.xlsx' and a 'Browse...' button. Below this, it asks the user to 'Please select below the list of documents with this upload' and provides two checkboxes: 'Financial Statement Year 1' (checked) and 'Financial Statements Year 2' (unchecked). 'Upload' and 'Cancel' buttons are located at the bottom of the form.

20. Click on **Upload Other Documents** to upload additional documents that may be useful for FSA review of financial statements or compliance audits.
21. Follow steps 16 through 19 above.
22. The user cannot upload the same document for two different document types.
23. Click **Save and Next**.
24. IPM moves to the *Submit* screen.

CheckList And Upload

Currently in APRSS submission

The following components must be included in your Audited Financial Statements.

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Cash Flows Statement
- Notes to Financial Statement
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.

Public institutions are also asked to provide notification of such designation by the entity that has the legal authority to make that designation, and a letter from the entity confirming that the institution is a public institution..

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|-------------------------------------|----------|----------|---|
| 1 | Financial Statement Year 1 - APRSS | | | View Delete |
| 2 | Financial Statements Year 2 - APRSS | | | View Delete |

Upload Other Documents

Previous
Cancel
Save And Next

25. Click **Submit**.
26. IPM displays a *Submit* screen with a message that the Annual Submission was received on the date and time of the submission.

Submit

You are about to submit an application with the purpose of Initial Certification.

Previous
Cancel
Submit

Submit

Your Initial Certification was received on 12/6/2016 4:33:04 PM. Review of your submission has not yet started.

Previous
Home
FSCA Home

7.7.3 Submit New Institution for Domestic Non Profit Schools

1. Select *Initial* on the *Partner FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM displays the *New Institution* screen.

The screenshot shows the 'Partner FSCA Submissions' interface. At the top, there is a green header bar with the text 'Partner FSCA Submissions' and a '*Required Field' indicator. Below the header, there are sections for 'Overdue Submissions' and 'Current Submissions', both of which are currently empty. The main section is titled 'Tell us the purpose of this submission*' and contains a list of radio button options: 'Initial' (selected), 'Reinstatement', 'Closeout Audit', 'Annual Submission', 'Waiver', 'Exemption', 'Extension', 'Change in FYE', 'Merger', and 'Multiyear Compliance Audit'. At the bottom of the form, there are two buttons: 'Save And Next' on the left and 'Cancel' on the right.

4. Provide the required previous and current Fiscal Year End dates.
5. Provide the information on the institution's auditor, if the information is pre-populated, indicate whether the information is correct or not with the option to edit.
6. Provide basic information about their 90/10 attestation.
7. Click **Save and Next**.
8. IPM moves to the *Statement of Financial Position/Statement of Activities* on the left menu.

New Institution

Currently in APRSS submission *Required Field

Enter the institution's most Recent Fiscal Year End:

| | |
|---|---|
| Current Fiscal Year End* | Previous Fiscal Year End* |
| <input type="text" value="12/31/2016"/> | <input type="text" value="12/31/2015"/> |

Please answer the following questions for

Indicate the Period Audited

| | |
|---|---|
| Begin Date* | End Date* |
| <input type="text" value="01/01/2016"/> | <input type="text" value="12/31/2016"/> |

Review Auditor Information

Is this information correct?*

Yes No

Enter Auditor Information:

Auditor Search

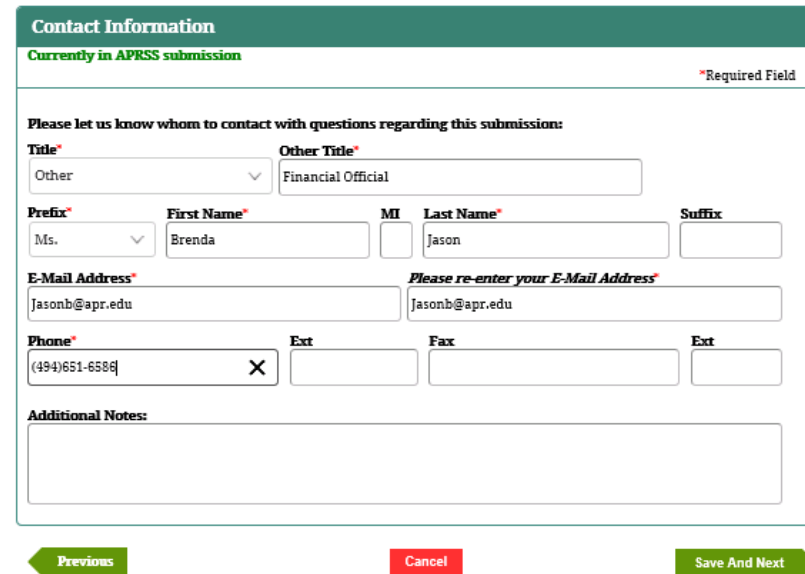
| | | |
|---|--|---|
| Enter Auditor's TIN* | IPI | Audit Firm Name |
| <input type="text" value="151613610"/> | <input type="text" value="44602005"/> | <input type="text" value="Jose R. Rivera Anada"/> |
| Address1* | | Address2 |
| <input type="text" value="P.O. Box 331147"/> | | <input type="text"/> |
| Country* | State/Territory* | City* |
| <input type="text" value="United States"/> | <input type="text" value="Puerto Rico"/> | <input type="text" value="Ponce"/> |
| Phone* | Ext | Zip Code* |
| <input type="text" value="(156)613-1163"/> | <input type="text"/> | <input type="text" value="00733"/> |
| Auditor Type* | Auditor License Number* | +4 |
| <input type="text" value="Certified Public Accountant"/> | <input type="text" value="88949131"/> | <input type="text"/> |
| What type of Auditor's Report was issues on the Financial Statements?* | | |
| <input type="text" value="Qualified"/> | | |
| Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements?* | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Provide your 90/10 attestation: <input checked="" type="radio"/> | | |
| Enter Adjusted Student Title IV Revenue (Numerator)* | | |
| <input type="text" value="90"/> | | |
| Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator)* | | |
| <input type="text" value="100"/> | | |
| 90/10 Attestation Percentage | | |
| <input type="text" value="90.00"/> | | |

- 9. Provide all required information.
- 10. Click **Save and Next**.
- 11. IPM moves to **Contact Information**.

| Statement Of Financial Position | |
|---|--------------------------|
| Accounts Receivable Employees-Unsecured:* | <input type="text"/> |
| Accounts Receivable-Related Parties-Unsecured:* | <input type="text"/> |
| Note(s) Receivable-Related Party-Unsecured:* | <input type="text"/> |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP):* | <input type="text"/> |
| Construction in Progress (CIP):* | <input type="text"/> |
| Intangible assets, net of amortization (excluding goodwill):* | \$7 <input type="text"/> |
| Goodwill:* | <input type="text"/> |
| Total Assets per Balance Sheet or Statement of Financial Position:* | <input type="text"/> |
| Long Term Line of Credit (including the short term portion):* | <input type="text"/> |
| Long Term Debt (including the short term portion):* | <input type="text"/> |
| Capital Lease Obligations (including the short term portion):* | <input type="text"/> |
| Post Employment and Retirement Benefits:* | <input type="text"/> |
| Total Liabilities per Balance Sheet or Statement of Financial Position:* | <input type="text"/> |
| Temporarily Restricted Split Interest Agreements and Term Endowments: | <input type="text"/> |
| Permanently Restricted Net Assets:* | <input type="text"/> |

| Statement Of Activities | |
|---|----------------------|
| Total Unrestricted Revenues (including Board Designated Temporarily Restricted Revenues approved for current or future operations at fiscal | <input type="text"/> |

- 12. Provide required contact information for a person FSA could contact with questions regarding the compliance audit.
- 13. Click **Save and Next**.
- 14. IPM moves to **Upload Documents** in the Left Menu.



Contact Information
Currently in APRSS submission *Required Field

Please let us know whom to contact with questions regarding this submission:

Title* Other **Other Title*** Financial Official

Prefix* Ms. **First Name*** Brenda **MI** **Last Name*** Jason **Suffix**

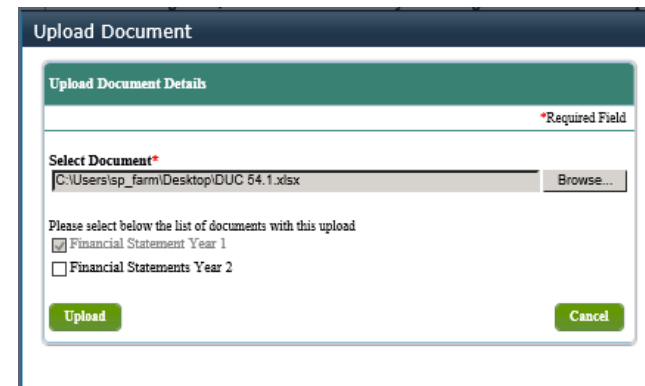
E-Mail Address* Jasonb@apr.edu **Please re-enter your E-Mail Address*** Jasonb@apr.edu

Phone* (494)651-6586 **Ext** **Fax** **Ext**

Additional Notes:

Previous Cancel Save And Next

- 15. Click **Upload New**.
- 16. IPM displays *Upload Document Details* screen.
- 17. Select the document to be uploaded and choose the document type.
- 18. Click **Upload**.
- 19. IPM adds the uploaded document to the *Check List And Upload* table.



Upload Document

Upload Document Details *Required Field

Select Document*
C:\Users\isp_farm\Desktop\DUC 54.1.xlsx Browse...

Please select below the list of documents with this upload

- Financial Statement Year 1
- Financial Statements Year 2

Upload Cancel

20. Click on **Upload Other Documents** to upload additional documents that may be useful for FSA review of financial statements or compliance audits.
21. Follow steps 16 through 19 above.
22. The user cannot upload the same document for two different document types.
23. Click **Save and Next**.
24. IPM moves to the *Submit* screen.

25. Click **Submit**.
26. IPM displays a *Submit* screen with a message that the Annual Submission was received on the date and time of the submission.

CheckList And Upload

Currently in APRSS submission

The following components must be included in your Audited Financial Statements.

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Cash Flows Statement
- Notes to Financial Statement
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.

Public institutions are also asked to provide notification of such designation by the entity that has the legal authority to make that designation, and a letter from the entity confirming that the institution is a public institution..

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|-------------------------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 1 | Financial Statement Year 1 - APRSS | | | View Delete |
| 2 | Financial Statements Year 2 - APRSS | | | View Delete |

Upload Other Documents

Previous
Cancel
Save And Next

Submit

You are about to submit an application with the purpose of Initial Certification.

Previous
Cancel
Submit

Submit

Your Initial Certification was received on 12/6/2016 4:33:04 PM. Review of your submission has not yet started.

Previous
Home
FSCA Home

7.7.4 Submit New Institution for Foreign Public Schools

1. Select *Initial* on the *Partner FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM moves to **Financial Statements-Financial Statements Foreign GAAP** on the Left Menu.
4. IPM displays the *Financial Statements* screen.

The screenshot shows the 'Partner FSCA Submissions' interface. At the top, there is a green header bar with the text 'Partner FSCA Submissions'. Below this, there are two sections: 'Overdue Submissions' and 'Current Submissions', each with a horizontal line underneath. A red asterisk and the text '*Required Field' are located in the top right corner. The main content area is titled 'Tell us the purpose of this submission*' and contains a list of radio button options: 'Initial' (selected), 'Reinstatement', 'Closeout Audit', 'Annual Submission', 'Waiver', 'Exemption', 'Extension', 'Change in FYE', 'Merger', and 'Multiyear Compliance Audit'. At the bottom left, there is a green button labeled 'Save And Next', and at the bottom right, there is a green button labeled 'Cancel'.

5. Provide the necessary information on the *Financial Statements* screen.
 - Relevant information regarding previous and current Fiscal Year End dates
6. Click **Save And Next**.
7. IPM moves to **Financial Contact Information** on the Left Menu.
8. IPM displays the *Contact Information* screen for Financial Statement Submissions.

Initial Certification *Required Field

US GAAP

Current Fiscal Year End: 12/31/2016 Previous Fiscal Year End: 12/31/2015

Please answer the following questions for 12/31/2016

Indicate the Period Audited

Begin Date: 01/01/2015 End Date: 12/31/2015

Is this information correct? Yes No

Enter Auditor Information:

Search by Auditor TIN: Search for Auditor TIN here...

IPN: 14980879 Enter Auditor's TIN: Audit Firm Name: Goodman & Company, LLP

Auditor Type: Certified Public Accountant Auditor License Number:

Address 1: One Commercial Place Address 2: Suite 800

Country: United States State/Territory: Virginia City: Norfolk Zip Code: 23510 +4

Phone: (756)315-4404 Ext: Fax: (756)315-4651 Ext:

What type of Auditor's Opinion was issued on the Financial Statements? Qualified

Is a Going Concern Paragraph included in either the Auditor's Opinion Letter or in the Notes to the Financial Statements? No

Home Country *Required Field

US GAAP

Current Fiscal Year End: 01/01/2016 Previous Fiscal Year End: 01/01/2015

Please answer the following questions for 01/01/2016

Indicate the Period Audited

Begin Date: 01/01/2015 End Date: 12/31/2015

Is this information correct? Yes No

Enter Auditor Information:

Search by Auditor TIN: Search for Auditor TIN here...

IPN: 14980879 Enter Auditor's TIN: Audit Firm Name: Goodman & Company, LLP

Auditor Type: Certified Public Accountant Auditor License Number:

Address 1: One Commercial Place Address 2: Suite 800

Country: United States State/Territory: Virginia City: Norfolk Zip Code: 23510 +4

Phone: (756)315-4404 Ext: Fax: (756)154-3185 Ext:

What type of Auditor's Opinion was issued on the financial statements? Qualified

Is a Going Concern Paragraph included in either the Auditor's Opinion Letter or in the Notes to the Financial Statements? No

9. Provide the necessary contact information on the *Contact Information* screen.

- Point-of-contact regarding questions pertinent to the New Institution Submission

10. Click **Save And Next**.

11. IPM moves to **Upload Documents** on the Left Menu.

12. IPM displays the *Checklist And Upload* screen.

13. Click **Upload New**.

14. IPM displays *Upload Document Details* screen.

15. Choose the document file to be uploaded, and select the document type.

16. Click **Upload**.

- Each relevant document file must be uploaded in this manner.

Contact Information
Currently in APRSS submission *Required Field

Please let us know whom to contact with questions regarding this submission:

Title* Other **Other Title*** Financial Official

Prefix* Ms. **First Name*** Brenda **MI** **Last Name*** Jason **Suffix**

E-Mail Address* Jasonb@apr.edu **Please re-enter your E-Mail Address*** Jasonb@apr.edu

Phone* (494)651-6388 **Ext** **Fax** **Ext**

Additional Notes:

Previous Cancel Save And Next

17. IPM adds the uploaded document to the *Checklist And Upload* table.

a. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.

- Additional document(s) pertaining to the New Institution Submission

b. IPM displays the *Upload Document Details* screen.

c. Choose the document file to be uploaded, and select the type of document to be uploaded, then click **Upload**.

d. IPM adds the uploaded document to the *Checklist And Update* table.

Checklist And Upload

As part of your home country audited financial statements submission you must include an electronic copy of your complete financial statement including the following information:

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Balance Sheet
- Income Statement
- Cash Flow Statement
- Consolidated Statement(if applicable)
- Notes to Financial Statements
- Any other annual documents or reports pursuant to your home country accounting principals
- Cash Flow Statement(if applicable)

As part of your U.S. GAAP/GAGAS Audited Financial Statements submission you must include an electronic copy of your complete audit including the following information:

- Independent Auditor's report (This Report must contain the Auditor's signature and date.)
- Balance Sheet
- Income Statement
- Cash Flows Statement
- Consolidated Statements (if applicable)
- Notes to Financial Statements
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with US Government Auditing Standards (This report must contain the Auditor's signature and date.)

Two fiscal years of financial statements must be provided. Please note that a single audited financial statement with comparative data for 2 fiscal years does not meet the requirement to submit audited financial statements for each fiscal year.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|--|----------------------|----------------------|----------------------------|
| 1 | Home Country Financial Statements Year 2 - St.Louis University | <input type="text"/> | <input type="text"/> | Upload New |
| 2 | Home Country Financial Statements Year 1 - St.Louis University | <input type="text"/> | <input type="text"/> | Upload New |
| 3 | US GAAP Financial Statement Year 1 - St.Louis University | <input type="text"/> | <input type="text"/> | Upload New |
| 4 | US GAAP Financial Statement Year 2 - St.Louis University | <input type="text"/> | <input type="text"/> | Upload New |

[Upload Other Documents](#)

[Previous](#)
[Cancel](#)
[Save And Next](#)

- 18. Click **Save And Next**.
- 19. IPM moves to the **Submit** screen.
- 20. Click **Submit**.
- 21. IPM displays the **Submit** screen with a message that the Annual Submission was received on the date and time of the submission

Upload Document

Upload Document Details ✕

*Required Field

Select Document* Browse...

Please select below the list of documents with this upload

- Home Country Financial Statements Year 2
- Home Country Financial Statements Year 1
- US GAAP Financial Statement Year 1
- US GAAP Financial Statement Year 2
- Other

Comments*

Upload Cancel



One document may be submitted; however, the same document may not be submitted more than once.

Submit

You are about to submit an application with the purpose of Initial Certification.

Previous Cancel Submit

Submit

Your Initial Certification was received on 12/6/2016 4:33:04 PM. Review of your submission has not yet started.

Previous Home FSCA Home

7.7.5 Submit New Institution for Foreign For Profit Schools

1. Select *Initial* on the *Partner FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM moves to **Financial Statements-Financial Statements Foreign GAAP** on the left menu.

The screenshot shows a web form titled "Partner FSCA Submissions". At the top right, there is a red asterisk and the text "*Required Field". Below the title, there are two sections: "Overdue Submissions" and "Current Submissions", each followed by a horizontal line. The main section is titled "Tell us the purpose of this submission*" and contains a list of radio button options: "Initial" (which is selected), "Reinstatement", "Closeout Audit", "Annual Submission", "Waiver", "Exemption", "Extension", "Change in FYE", "Merger", and "Multiyear Compliance Audit". At the bottom left of the form is a green button labeled "Save And Next", and at the bottom right is a green button labeled "Cancel".

4. Provide the relevant information for the dates of financial statement audit.
5. Provide the information for the institution's auditor, if the information is pre-populated indicate whether the information is correct or not, with the option to edit.
6. Click **Save and Next**.
7. IPM moves to **Balance Sheet/Income Statement** on the left menu.

Initial Certification *Required Field

US GAAP

Current Fiscal Year End* Previous Fiscal Year End*

Please answer the following questions for: 12/31/2016

Indicate the Period Audited

Begin Date* End Date*

Is this information correct?*

Yes No

Enter Auditor Information:

Search by Auditor TIN Search for Auditor TIN here...

IP* Enter Auditor's TIN Audit Firm Name*

Auditor Type Auditor License Number

Address 1* Address 2

Country* State/Territory* City* Zip Code* +4

Phone* Ext Fax Ext

What type of Auditor's Opinion was issued on the Financial Statements?*

Is a Going Concern Paragraph included in either the Auditor's Opinion Letter or in the Notes to the Financial Statements?*

Home Country *Required Field

Current Fiscal Year End* Previous Fiscal Year End*

Please answer the following questions for: 01/01/2016

Indicate the Period Audited

Begin Date* End Date*

Is this information correct?*

Yes No

Enter Auditor Information:

Search by Auditor TIN Search for Auditor TIN here...

IP* Enter Auditor's TIN Audit Firm Name*

Auditor Type Auditor License Number

Address 1* Address 2

Country* State/Territory* City* Zip Code* +4

Phone* Ext Fax Ext

What type of Auditor's Opinion was issued on the financial statements?*

Is a Going Concern Paragraph included in either the Auditor's Opinion Letter or in the Notes to the Financial Statements?*

8. Provide all required information.
9. Click **Save and Next**.
10. IPM moves to **Financial Contact Information** on the left menu.

Home Country

Balance Sheet - 1/1/2016

*Required Field

| | | |
|--|------------|----------------------|
| Accounts Receivable due from Management Employees-Unsecured* | \$1 | <input type="text"/> |
| Accounts Receivable-Related Parties-Unsecured* | \$1 | <input type="text"/> |
| Note(s) Receivable-Related Party-Unsecured* | \$1 | <input type="text"/> |
| Other Receivables-Unsecured Related Party* | \$1 | <input type="text"/> |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP)* | \$1 | <input type="text"/> |
| Construction in Progress (CIP)* | \$1 | <input type="text"/> |
| Intangible assets, net of amortization (excluding goodwill)* | \$1 | <input type="text"/> |
| Goodwill* | \$1 | <input type="text"/> |
| Total Assets per Balance Sheet or Statement of Financial Position* | \$1 | <input type="text"/> |
| Long Term Line of Credit (including the short term portion)* | \$1 | <input type="text"/> |
| Long term Debt (including the short term portion)* | \$1 | <input type="text"/> |
| Capital Lease Obligations (including the short term portion)* | \$1 | <input type="text"/> |
| Post Employment and Retirement Benefits* | \$1 | <input type="text"/> |
| Total Liabilities per Balance Sheet or Statement of Financial Position* | \$1 | <input type="text"/> |

Income Statement

| | | |
|---------------------------|-----|----------------------|
| Total Revenues* | \$1 | <input type="text"/> |
| Total Expenses (pre-tax)* | \$1 | <input type="text"/> |

US GAAP

*Required Field

Balance Sheet - 1/1/2016

| | | |
|--|------------|----------------------|
| Accounts Receivable due from Management Employees-Unsecured* | \$1 | <input type="text"/> |
| Accounts Receivable-Related Parties-Unsecured* | \$1 | <input type="text"/> |
| Note(s) Receivable-Related Party-Unsecured* | \$1 | <input type="text"/> |
| Other Receivables-Unsecured Related Party* | \$1 | <input type="text"/> |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP)* | \$1 | <input type="text"/> |
| Construction in Progress (CIP)* | \$1 | <input type="text"/> |
| Intangible assets, net of amortization (excluding goodwill)* | \$1 | <input type="text"/> |
| Goodwill* | \$1 | <input type="text"/> |
| Total Assets per Balance Sheet or Statement of Financial Position* | \$1 | <input type="text"/> |
| Long Term Line of Credit (including the short term portion)* | \$1 | <input type="text"/> |
| Long term Debt (including the short term portion)* | \$1 | <input type="text"/> |
| Capital Lease Obligations (including the short term portion)* | \$1 | <input type="text"/> |
| Post Employment and Retirement Benefits* | \$1 | <input type="text"/> |
| Total Liabilities per Balance Sheet or Statement of Financial Position* | \$1 | <input type="text"/> |

Income Statement

| | | |
|---------------------------|-----|----------------------|
| Total Revenues* | \$1 | <input type="text"/> |
| Total Expenses (pre-tax)* | \$1 | <input type="text"/> |

Previous
Cancel
Save and Next

11. Provide required contact information for a person FSA could contact with questions regarding the financial audit.
12. Click **Save and Next**.
13. IPM moves to **Upload Documents** in the left menu.
14. Click **Upload New**.

Checklist And Upload

As part of your home country audited financial statements submission you must include an electronic copy of your complete financial statement including the following information

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Balance Sheet
- Income Statement
- Cash Flow Statement
- Consolidated Statements(if applicable)
- Notes to Financial Statements
- Any other annual documents or reports pursuant to your home country accounting principals
- Cash Flow Statement(if applicable)

As part of your U.S. GAAP/CAGAS Audited Financial Statements submission you must include an electronic copy of your complete audit including the following information:

- Independent Auditor's report (This Report must contain the Auditor's signature and date.)
- Balance Sheet
- Income Statement
- Cash Flows Statement
- Consolidated Statements (if applicable)
- Notes to Financial Statements
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with US Government Auditing Standards (This report must contain the Auditor's signature and date.)

Two fiscal years of financial statements must be provided. Please note that a single audited financial statement with comparative data for 2 fiscal years does not meet the requirement to submit audited financial statements for each fiscal year.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|--|----------|----------|----------------------------|
| <input type="text"/> | | | | |
| 1 | Home Country Financial Statements Year 2 - St.Louis University | | | Upload New |
| 2 | Home Country Financial Statements Year 1 - St.Louis University | | | Upload New |
| 3 | US GAAP Financial Statement Year 1 - St.Louis University | | | Upload New |
| 4 | US GAAP Financial Statement Year 2 - St.Louis University | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

- 15. IPM displays *Upload Document Details* screen.
- 16. Select the document to be uploaded and choose the document type.
- 17. Click **Upload**.
- 18. IPM adds the uploaded document to the *Check List And Upload* table.
- 19. Click **Upload Other Documents** to upload additional documents that may be useful for FSA review of financial statements.
- 20. Follow steps 15 through 18 above.
- 21. Click **Save And Next**.
- 22. IPM moves to the *Submit* screen.
- 23. Click **Submit**.
- 24. IPM displays a *Submit* screen with a message that the Annual Submission was received on the date and time of the submission.

The screenshot shows a web form titled "Upload Document" with a sub-section "Upload Document Details". It includes a "Select Document*" dropdown menu with a "Browse..." button. Below the dropdown is a list of document types with checkboxes: "Home Country Financial Statements Year 2", "Home Country Financial Statements Year 1", "US GAAP Financial Statement Year 1", "US GAAP Financial Statement Year 2", and "Other" (which is checked). There is also a "Comments*" text area. At the bottom are "Upload" and "Cancel" buttons.

The screenshot shows a confirmation screen with a green header "Submit". The main message is: "Your Initial Certification was received on 12/6/2016 4:33:04 PM. Review of your submission has not yet started."

Previous Home FSCA Home

The screenshot shows a confirmation screen with a green header "Submit". The main message is: "You are about to submit an application with the purpose of Initial Certification." At the bottom, there are three buttons: "Previous", "Cancel", and "Submit".

7.7.6 Submit New Institution for Foreign Non Profit School

1. Select *Initial* on the *Partner FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM moves to **Financial Statements-Financial Statements Foreign GAAP** on the left menu.

The screenshot shows a web form titled "Partner FSCA Submissions". At the top right, there is a red asterisk and the text "*Required Field". Below the title, there are two sections: "Overdue Submissions" and "Current Submissions", each followed by a horizontal line. The main section is titled "Tell us the purpose of this submission*" and contains a list of radio button options: "Initial" (which is selected), "Reinstatement", "Closeout Audit", "Annual Submission", "Waiver", "Exemption", "Extension", "Change in FYE", "Merger", and "Multiyear Compliance Audit". At the bottom left of the form is a green button labeled "Save And Next", and at the bottom right is a green button labeled "Cancel".

4. Provide the relevant information for the dates of financial statement audit.
5. Provide the information for the institution's auditor, if the information is pre-populated indicate whether the information is correct or not, with the option to edit.
6. Click **Save and Next**.
7. IPM moves to **Balance Sheet/Income Statement** on the left menu.

Initial Certification *Required Field

US GAAP

Current Fiscal Year End* Previous Fiscal Year End*

Please answer the following questions for: **12/31/2016**

Indicate the Period Audited

Begin Date* End Date*

Is this information correct?*

Yes No

Enter Auditor Information:

Search by Auditor TIN Search for Auditor TIN here...

IPI Enter Auditor's TIN Audit Firm Name*

Auditor Type Auditor License Number

Address 1* Address 2

One Commercial Place Suite 800

Country* State/Territory* City* Zip Code* ¹⁴

Phone* Ext Fax Ext

What type of Auditor's Opinion was issued on the Financial Statements?*

Is a Going Concern Paragraph included in either the Auditor's Opinion Letter or in the Notes to the Financial Statements?*

Home Country *Required Field

Current Fiscal Year End* Previous Fiscal Year End*

Please answer the following questions for: **01/01/2016**

Indicate the Period Audited

Begin Date* End Date*

Is this information correct?*

Yes No

Enter Auditor Information:

Search by Auditor TIN Search for Auditor TIN here...

IPI Enter Auditor's TIN Audit Firm Name*

Auditor Type Auditor License Number

Address 1* Address 2

One Commercial Place Suite 800

Country* State/Territory* City* Zip Code* ¹⁴

Phone* Ext Fax Ext

What type of Auditor's Opinion was issued on the financial statements?*

Is a Going Concern Paragraph included in either the Auditor's Opinion Letter or in the Notes to the Financial Statements?*

8. Provide all required information.
9. Click **Save and Next**.
10. IPM moves to **Financial Contact Information** on the left menu.

Home Country

Balance Sheet - 1/1/2016

*Required Field

| | |
|---|--------------------------|
| Accounts Receivable due from Management Employees-Unsecured: | \$1 <input type="text"/> |
| Accounts Receivable-Related Parties-Unsecured: | \$1 <input type="text"/> |
| Note(s) Receivable-Related Party-Unsecured: | \$1 <input type="text"/> |
| Other Receivables-Unsecured Related Party: | \$1 <input type="text"/> |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP): | \$1 <input type="text"/> |
| Construction in Progress (CIP): | \$1 <input type="text"/> |
| Intangible assets, net of amortization (excluding goodwill): | \$1 <input type="text"/> |
| Goodwill: | \$1 <input type="text"/> |
| Total Assets per Balance Sheet or Statement of Financial Position: | \$1 <input type="text"/> |
| Long Term Line of Credit (including the short term portion): | \$1 <input type="text"/> |
| Long term Debt (including the short term portion): | \$1 <input type="text"/> |
| Capital Lease Obligations (including the short term portion): | \$1 <input type="text"/> |
| Post Employment and Retirement Benefits: | \$1 <input type="text"/> |
| Total Liabilities per Balance Sheet or Statement of Financial Position: | \$1 <input type="text"/> |

Income Statement

| | |
|----------------------------------|--------------------------|
| Total Revenues: | \$1 <input type="text"/> |
| Total Expenses (pre-tax): | \$1 <input type="text"/> |

US GAAP

Balance Sheet - 1/1/2016

*Required Field

| | |
|---|--------------------------|
| Accounts Receivable due from Management Employees-Unsecured: | \$1 <input type="text"/> |
| Accounts Receivable-Related Parties-Unsecured: | \$1 <input type="text"/> |
| Note(s) Receivable-Related Party-Unsecured: | \$1 <input type="text"/> |
| Other Receivables-Unsecured Related Party: | \$1 <input type="text"/> |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP): | \$1 <input type="text"/> |
| Construction in Progress (CIP): | \$1 <input type="text"/> |
| Intangible assets, net of amortization (excluding goodwill): | \$1 <input type="text"/> |
| Goodwill: | \$1 <input type="text"/> |
| Total Assets per Balance Sheet or Statement of Financial Position: | \$1 <input type="text"/> |
| Long Term Line of Credit (including the short term portion): | \$1 <input type="text"/> |
| Long term Debt (including the short term portion): | \$1 <input type="text"/> |
| Capital Lease Obligations (including the short term portion): | \$1 <input type="text"/> |
| Post Employment and Retirement Benefits: | \$1 <input type="text"/> |
| Total Liabilities per Balance Sheet or Statement of Financial Position: | \$1 <input type="text"/> |

Income Statement

| | |
|----------------------------------|--------------------------|
| Total Revenues: | \$1 <input type="text"/> |
| Total Expenses (pre-tax): | \$1 <input type="text"/> |

Previous
Cancel
Save And Next

11. Provide required contact information for a person FSA could contact with questions regarding the financial audit.
12. Click **Save and Next**.
13. IPM moves to **Upload Documents** in the left menu.
14. Click **Upload New**.

Checklist And Upload

As part of your home country audited financial statements submission you must include an electronic copy of your complete financial statement including the following information

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Balance Sheet
- Income Statement
- Cash Flow Statement
- Consolidated Statement(if applicable)
- Notes to Financial Statements
- Any other annual documents or reports pursuant to your home country accounting principals
- Cash Flow Statement(if applicable)

As part of your U.S. GAAP/GAGAS Audited Financial Statements submission you must include an electronic copy of your complete audit including the following information:

- Independent Auditor's report (This Report must contain the Auditor's signature and date.)
- Balance Sheet
- Income Statement
- Cash Flows Statement
- Consolidated Statements (if applicable)
- Notes to Financial Statements
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with US Government Auditing Standards (This report must contain the Auditor's signature and date.)

Two fiscal years of financial statements must be provided. Please note that a single audited financial statement with comparative data for 2 fiscal years does not meet the requirement to submit audited financial statements for each fiscal year.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|--|----------|----------|----------------------------|
| <input type="text"/> | | | | |
| 1 | Home Country Financial Statements Year 2 - St.Louis University | | | Upload New |
| 2 | Home Country Financial Statements Year 1 - St.Louis University | | | Upload New |
| 3 | US GAAP Financial Statement Year 1 - St.Louis University | | | Upload New |
| 4 | US GAAP Financial Statement Year 2 - St.Louis University | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

15. IPM displays *Upload Document Details* screen.
16. Select the document to be uploaded and choose the document type.
17. Click **Upload**.
18. IPM adds the uploaded document to the *Check List And Upload* table.
19. Click **Upload Other Documents** to upload additional documents that may be useful for FSA review of financial statements.
20. Follow steps 15 through 18 above.
21. Click **Save And Next**.
22. IPM moves to the *Submit* screen.
23. Click **Submit**.
24. IPM displays a *Submit* screen with a message that the Annual Submission was received on the date and time of the submission.

Upload Document

Upload Document Details

*Required Field

Select Document*

Browse...

Please select below the list of documents with this upload

- Home Country Financial Statements Year 2
- Home Country Financial Statements Year 1
- US GAAP Financial Statement Year 1
- US GAAP Financial Statement Year 2
- Other

Comments*

Upload Cancel

Submit

Your Initial Certification was received on 12/6/2016 4:33:04 PM. Review of your submission has not yet started.

Previous Home FSCA Home

Submit

You are about to submit an application with the purpose of Initial Certification.

Previous Cancel Submit

7.7.7 Submit Reinstatement – Domestic Public

1. Select *Reinstatement* on the *FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM moves to **Financial Statements** on the Left Menu.
4. IPM displays the *Financial Statements* screen.

The screenshot shows a web form titled "Partner FSCA Submissions". At the top right, there is a label "*Required Field". Below the title, there are two sections: "Overdue Submissions" and "Current Submissions", each followed by a horizontal line. The main section is titled "Tell us the purpose of this submission*" and contains a list of radio button options: "Initial", "Reinstatement", "Closeout Audit", "Annual Submission", "Waiver", "Exemption", "Extension", "Change in FYE", and "Merger". At the bottom left of the form is a green button labeled "Save And Next", and at the bottom right is a green button labeled "Cancel".

5. Provide the necessary information on the *Financial Statements* screen.
 - Relevant information pertinent to the Reinstatement Financial Statement submission
6. Click **Save And Next**.
7. IPM moves to the **90/10 to Attestation** on the Left Menu.
8. IPM displays the *Home Country* screen that includes Numerator and Denominator sections on the screen.

9. Provide the requested information on the *Home Country* screen.
10. Click **Save And Next**.
11. IPM moves to **Financial Contact Information** on the Left Menu.
12. IPM displays the *Contact Information* screen for Financial Statement submission.

Home Country

Numerator

| | | | |
|---|---|--|---|
| Student Title IV Revenue | | | |
| Subsidized Loans* | Federal Pell Grant* | ACU* | YRAGE* |
| \$1,000 | \$100 | \$0 | \$1,000 |
| FSEOG (subject to matching reduction)** | Federal Direct PLUS Loan* | Iraq & Afghanistan Service Grant* | Perkins Loan** |
| \$100 | \$1,000 | \$0 | \$0 |
| Student Title IV Revenue* | Unsubsidized Loans up to pre-ECARLA Loan Limits (if applicable)* | | |
| \$100 | \$1,000 | | |
| Federal Work Study applied to tuition and fees (subject to matching reduction)* | | | |
| \$1,000 | | | |
| Revenue Adjustment | | | |
| Tuition and fees, and other institutional charges** | | | |
| \$11,000 | | | |
| Grant funds for the student from non-Federal public agencies or private sources independent of the institution** | | | |
| \$0 | | | |
| Funds provided for the student under a contract or arrangement with a Federal, State, or local government agency for the purpose of providing job training to low income individuals** | | | |
| \$0 | | | |
| Funds used by a student from savings plans for educational expenses established on or behalf of the student that qualify for special tax treatment under the Internal Revenue Code** | | | |
| \$0 | | | |
| Institutional scholarships (other than the student)* | Total Funds Applied For** | Sum of Title IV Revenue* | Total Adjusted Student Title IV Revenue (Denominator)* |
| \$1,000 | \$1,000 | \$1,000 | \$11,000 |

Denominator

| | | |
|---|--------------------------------|--|
| Student Non Title IV Revenue (N/10) | | |
| Student Payments* | Other External Funding* | Student Non - Title IV Revenue* |
| \$11,000 | \$0 | \$11,000 |
| Amount of Unsubsidized Loans Over the pre-ECARLA Loan Limits* | | |
| \$1,000 | | |
| Funds paid to the institution by, or on behalf of, students for education and training in qualified non - Title IV eligible programs** | | |
| \$1,000 | | |
| The Net Present Value (NPV) of institutional loans disbursed to students** | | |
| \$10,000 | | |
| Revenue from other Sources (Totals for the Fiscal Year)** | | |
| \$10,000 | | |
| Revenue Adjustment* | | |
| \$21,000 | | |

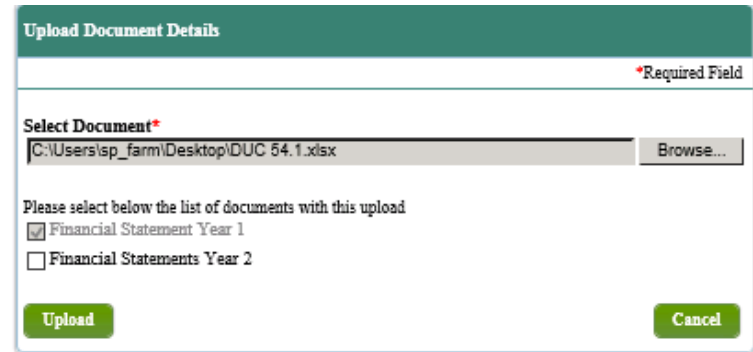
USGAAP

Numerator

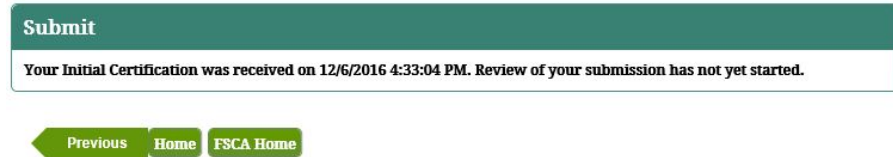
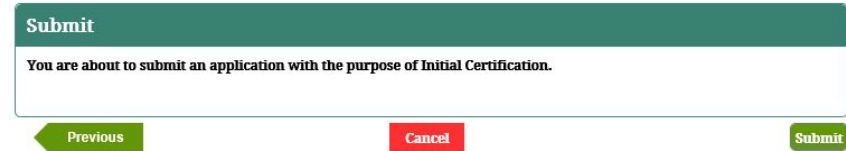
Denominator

Previous
Cancel
Save And Next

17. Click **Upload New**.
18. IPM displays the *Upload Document Details* screen.
19. Choose the document file to be uploaded, and select the document type.
20. Click **Upload**.
21. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the type of document to be uploaded, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Update* table.
22. IPM displays the *Submit* screen.



- 23. Click **Submit**.
- 24. IPM displays the *Submit* screen with a message indicating the Reinstatement Submission was received on the date and time of the submission.



7.7.8 Submit Reinstatement – Domestic Non-Profit

1. Select *Reinstatement* on the *FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM moves to **Financial Statements** on the Left Menu.
4. IPM displays the *Financial Statements* screen.

The screenshot shows a web form titled "Partner FSCA Submissions". At the top right, there is a label "*Required Field". Below the title, there are two sections: "Overdue Submissions" and "Current Submissions", each followed by a horizontal line. The main section is titled "Tell us the purpose of this submission*" and contains a list of radio button options: Initial, Reinstatement, Closeout Audit, Annual Submission, Waiver, Exemption, Extension, Change in FYE, and Merger. At the bottom left of the form is a green button labeled "Save And Next", and at the bottom right is a green button labeled "Cancel".

5. Provide the necessary information on the *Financial Statements* screen.
 - Relevant information pertinent to the Reinstatement Financial Statement submission
6. Click **Save And Next**.
7. IPM moves to the **90/10 to Attestation** on the Left Menu.
8. IPM displays the *Home Country* screen that includes Numerator and Denominator sections on the screen.

New Institution *Required Field

Enter the Institution's most Recent Fiscal Year End:
 Current Fiscal Year End: 01/06/2017
 Previous Fiscal Year End: 01/07/2016

Please answer the following questions for 01/06/2017
 Indicate the Period Audited:
 Begin Date: 12/16/2016
 End Date: 01/06/2017

Review Auditor Information:
 Is this information correct?
 Yes No

Enter Auditor Information:
 Auditor Search:
 Search by Auditor TIN: [dropdown] Search for Auditor NY Inv.: [input] [Search]

Enter Auditor's TIN: 21424242
 IPT: [input]
 Audit Firm Name: [input]

Address1: 2142
 Address2: [input]

Country: AZ0428
 Foreign Province: [input]
 City: Arizona
 Postal Code: [input]

International Phone Number (including country code): +1-412-412-4124
 Ext: [input]
 International Tax Number (including country code): [input]
 Ext: [input]

Auditor Type: State Auditor
 Auditor License Number: 24242424

What type of Auditor's Report was issued on the Financial Statements?
 AD1034

Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements?
 Yes No

Provide your 90/10 allocation:
 Enter Adjusted Student Title IV Revenue (Numerator): [input]
 Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator): [input]
 90/10 Allocation Percentage: [input]

9. Provide the requested information on the *Home Country* screen.
10. Click **Save And Next**.
11. IPM moves to **Financial Contact Information** on the Left Menu.
12. IPM displays the *Contact Information* screen for Financial Statement submission.

| Home Country Numerator | | | |
|--|--|----------------------------------|---|
| Student Title IV Revenue | | | |
| Subsidized Loan* | Federal Pell Grant* | ACD* | TEACH* |
| \$1,000 | \$300 | \$0 | \$1,000 |
| FSEOG (subject to matching reduction)** | | | |
| Federal Direct PLUS Loan* | Iraq & Afghanistan Service Grant* | Forfeite Loan** | |
| \$300 | \$1,000 | \$0 | \$0 |
| Student Title IV Revenue** | Unsubsidized Loan up to pre-ECASLA Loan Limits(if applicable)* | | |
| \$0 | \$1,000 | | |
| Federal Work Study applied to tuition and fees (subject to matching reduction)** | | | |
| \$3,000 | | | |
| Revenue Adjustment | | | |
| Tuition and fees, and other institutional charges** | | | |
| \$11,000 | | | |
| Grant funds for the student from non-Federal public agencies or private sources independent of the institution** | | | |
| \$0 | | | |
| Funds provided for the student under a contractual arrangement with a Federal, State, or local government agency for the purpose of providing job training to low income individuals** | | | |
| \$0 | | | |
| Funds used by a student from savings plans for educational expenses established on or behalf of the student that qualify for special tax treatment under the Internal Revenue Code** | | | |
| \$0 | | | |
| Institutional scholarships disbursed to the student** | Total Funds Applied First* | Return of Title IV Revenue** | Total Adjusted Student Title IV Revenue (Numerator)** |
| \$1,000 | \$1,000 | \$3,000 | \$11,000 |
| Denominator | | | |
| Student Non Title IV Revenue (N/D) | | | |
| Student Payments* | Other External Funding* | Student Non - Title IV Revenue** | |
| \$11,000 | \$0 | \$15,000 | |
| Amount of Unsubsidized Loan Over the pre-ECASLA Loan Limits* | | | |
| \$3,000 | | | |
| Funds paid to the institution by, or on behalf of, students for education and training in qualified non - Title IV eligible programs** | | | |
| \$1,000 | | | |
| The Net Present Value (NPV) of institutional loans disbursed to students** | | | |
| \$10,000 | | | |
| Revenue from other Sources (Totals for the Fiscal Year)** | | | |
| \$10,000 | | | |
| Revenue Adjustment* | | | |
| \$21,000 | | | |
| USGAAP Numerator | | | |
| Denominator | | | |

Previous
Cancel
Save And Next

13. Provide the contact information on the **Contact Information** screen.

- Point-of-contact regarding questions pertinent to the Reinstatement submission.
 - If the screen is pre-populated and the auditor information is the same as the current auditor, then select **Yes**.

14. Click **Save And Next**.

15. IPM moves to **Upload Documents** on the Left Menu.

16. IPM displays the **Checklist And Upload** screen.

1
 ssion *Required Field

to contact with questions regarding this submission:

Other Title*

Name* **MI** **Last Name*** **Suffix**

Please re-enter your E-Mail Address*

Ext **Fax** **Ext**

Checklist And Upload

The following components must be included in your Audited Financial Statements.

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Cash Flows Statement
- Notes to Financial Statement
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.

Public institutions are also asked to provide notification of such designation by the entity that has the legal authority to make that designation, and a letter from the entity confirming that the institution is a public institution.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|---|----------|----------|----------------------------|
| 1 | Financial Statement Year 1 - Jeffrey again | | | Upload New |
| 2 | Financial Statements Year 2 - Jeffrey again | | | Upload New |

[Upload Other Documents](#)

[Previous](#) [Cancel](#) [Save And Next](#)

17. Click **Upload New**.
18. IPM displays the *Upload Document Details* screen.
19. Choose the document file to be uploaded, and select the document type.
20. Click **Upload**.
21. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the document type, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Update* table.
22. IPM displays the *Submit* screen.

Upload Document Details

*Required Field

Select Document*

C:\Users\sp_farm\Desktop\DUC 54.1.xlsx Browse...

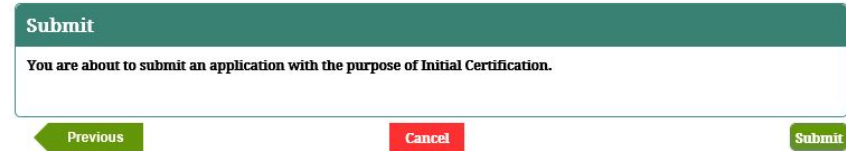
Please select below the list of documents with this upload

Financial Statement Year 1

Financial Statements Year 2

Upload Cancel

- 23. Click **Submit**.
- 24. IPM displays the *Submit* screen with a message indicating the Reinstatement Submission was received on the date and time of the submission.



7.7.9 Submit Reinstatement – Foreign Public

1. Select *Reinstatement* on the *FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM moves to **Financial Statements** on the Left Menu.
4. IPM displays the *Financial Statements* screen.

The screenshot shows a web form titled "Partner FSCA Submissions". At the top right, there is a note: "*Required Field". The form is divided into sections: "Overdue Submissions" and "Current Submissions", both of which are currently empty. Below these sections is a section titled "Tell us the purpose of this submission*" with a list of radio button options: Initial, Reinstatement, Closeout Audit, Annual Submission, Waiver, Exemption, Extension, Change in FYE, and Merger. At the bottom left of the form is a green button labeled "Save And Next", and at the bottom right is a green button labeled "Cancel".

5. Provide the necessary information on the *Financial Statements* screen.
6. Click **Save And Next**.
7. IPM moves to **Financial Contact Information** on the Left Menu.
8. IPM displays the *Contact Information* screen for Financial Statement Submissions.

The screenshot displays the 'Financial Contact Information' form in the IPM system. The form is titled 'FIN CONTACT' and includes a 'Required Field' indicator. It is divided into several sections:

- Header Section:** 'Enter the Institution's most Recent Fiscal Year End' with fields for 'Current Fiscal Year End' and 'Previous Fiscal Year End'.
- Indicators of Default/At-Risk Section:** 'Please answer the following questions for Indicators of Default/At-Risk' with fields for 'Begin Date' and 'End Date'.
- Financial Institution Section:** 'Enter Details include your current Financial Institution for' with a dropdown menu.
- Identification Section:** 'Is this information correct?' with radio buttons for 'Yes' and 'No'.
- Contact Information Section:** Fields for 'EIN', 'Auditor TIN', 'Auditor Name', 'Auditor Type', and 'Auditor License Number'.
- Address Section:** Fields for 'Address 1', 'Address 2', 'Country', 'Foreign Division', 'City', and 'Postal Code'.
- International Contact Section:** Fields for 'International Phone Number' and 'International Fax Number', both including country code dropdowns.
- Report Type Section:** 'What type of Auditor's Report was based on the Financial Statements?' with a dropdown menu.
- Chasing Customer Paragraph Section:** 'Is a Chasing Customer Paragraph included in either the Auditor's Opinion Letter or in the Notes to the Financial Statements?' with a dropdown menu.
- Navigation:** 'Cancel' button at the bottom left and 'Save And Next' button at the bottom right.

9. Provide the contact information on the **Contact Information** screen
 - Point-of-contact regarding questions pertinent to the Reinstatement Submission
10. Click **Save And Next**.
11. IPM moves to **Upload Documents** on the Left Menu.
12. IPM displays the **Checklist And Upload** screen.

Contact Information *Required Field

no contact with questions regarding this submission:

Other Title*

Name* **MI** **Last Name*** **Suffix**

Please re-enter your E-Mail Address*

Ext **Fax** **Ext**

13. Click **Upload New**.
14. IPM displays the **Upload Document Details** screen.
15. Choose the document file to be uploaded, and select document type .
16. Click **Upload**.
 - Each relevant document file must be uploaded in this manner.

Checklist And Upload

As part of your home country audited financial statements submission you must include an electronic copy of your complete financial statements including the following information:

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Consolidated Statements (if applicable)
- Notes to Financial Statement
- Any other annual documents or reports required pursuant to your home country accounting principals
- Cash Flow Statement (if applicable)

Two fiscal years of financial statements must be provided. Please note that a single audited financial statement with comparative data for 2 fiscal years does not meet the requirement to submit audited financial statements for each fiscal year.

Public institutions are also asked to provide notification of such designation by the entity that has the legal authority to make that designation, and a letter from the entity confirming that the institution is a public institution.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|---|----------|----------|----------------------------|
| 1 | Home Country Financial Statements Year 1 - Manchester Metropolitan University | | | Upload New |
| 2 | Home Country Financial Statements Year 2 - Manchester Metropolitan University | | | Upload New |

[Upload Other Documents](#)

[Previous](#) [Cancel](#) [Save And Next](#)

17. IPM adds the uploaded document to the *Checklist And Upload* table.

- a. Optional: click Upload Other Documents on the *Checklist And Upload* screen.
 - Additional document(s) pertaining to the Reinstatement Submission
- b. IPM displays the *Upload Document Details* screen.
- c. Choose the document file to be uploaded, and select the document type, then click **Upload**.
- d. IPM adds the uploaded document to the *Checklist And Update* table.
- e. Click **Upload**.

18. Click **Save And Next**.

19. IPM displays the *Submit* screen.

Upload Document Details

*Required Field

Select Document*

C:\Users\sp_farm\Desktop\DUC 54.1.xlsx Browse...

Please select below the list of documents with this upload

Financial Statement Year 1

Financial Statements Year 2

Upload Cancel

20. Click **Submit**.

21. IPM displays the *Submit* screen with a message indicating the Reinstatement Submission was received on the date and time of the submission.



One document may be submitted; however, the same document may not be submitted more than once.

Submit

You are about to submit an application with the purpose of Reinstatement. By selecting the "Submit" button, the information you have entered on these pages will be sent to the US Department of Education.

- **Foreign For-Profit Checklist** Your institution must submit U.S. GAAP and GAGAS audited financial statements for the two most recently completed fiscal years and it must also submit audited financial statements prepared in accordance with the generally accepted accounting principles used in your institutions home country for the two most recently completed fiscal years. Once submitted, you will have read only access to this data.
- **Foreign Public and Private Non-Profit Home Country and US GAAP/GAGAS Checklist** Your institution must submit U.S. GAAP and GAGAS audited financial statements for the most recently completed fiscal year and it must also submit audited financial statements prepared in accordance with the generally accepted accounting principles used in your institutions home country for the two most recently completed fiscal years. Once submitted, you will have read only access to this data.
- **Foreign Public and Private Non-Profit Home Country Only Checklist** Your institution submit the two most recently completed audited financial statements prepared in accordance with the generally accepted accounting principles used in your institutions home country. Once submitted, you will have read only access to this data. I hereby certify to the best of my knowledge and belief, all information in this submission is true and accurate.

Previous Cancel Submit

7.7.10 Submit Reinstatement – Foreign Not-For Profit

1. Select *Reinstatement* on the *Partner FSCA Submissions* screen.
2. IPM moves to **Financial Statements Foreign GAAP** on the Left Menu.
3. IPM displays the *Financial Statements* screen.

The screenshot shows a web form titled "Partner FSCA Submissions" with a green header. Below the header, there are sections for "Overdue Submissions" and "Current Submissions". The "Current Submissions" section contains a question: "Tell us the purpose of this submission*". Below this question is a list of radio button options: "Initial", "Reinstatement" (which is selected), "Closeout Audit", "Annual Submission", "Waiver", "Exemption", "Extension", "Change in FYE", "Merger", and "Multiyear Compliance Audit". Below the radio buttons is another question: "How much Title IV funding did your institution receive during the most recent completed fiscal year? *". This question has three radio button options: "Between \$0 USD and less than 3 million USD" (which is selected), "At least \$3 million but less than \$10 million USD", and "\$10 million USD or more". At the bottom of the form, there are two buttons: "Save And Next" and "Cancel". A small asterisk and the text "*Required Field" are visible in the top right corner of the form area.

4. Provide the required information on the *Financial Statements* screen.
5. Click **Save And Next**.
6. IPM displays the *Contact Information* screen for Financial Statement Submissions.

Reinstatement *Required Field

Enter the Institution's most Recent Fiscal Year End:
Current Fiscal Year End: Previous Fiscal Year End:

Please answer the following questions for:
Indicate the Period Audited:
Begin Date: End Date:

Review Auditor Information:
Is this information correct? Yes No

Enter Auditor's TIN: EIN: Audit Firm Name:

Address1: Address2:

Country: Foreign Province: City: Postal Code:

International Phone Number (including country code): Ext: International Fax Number (including country code): Ext:

Auditor Type: Auditor License Number:

What type of Auditor's opinion was issued on the financial statements?:

Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements? Yes No

Provide your 99/10 allocations:

Enter Adjusted Student Title IV Revenue (Numerator):

Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator):

99/10 Allocation Percentage:

7. Provide the contact information on the *Contact Information* screen
8. Click **Save And Next**.
9. IPM moves to **Upload Documents** on the Left Menu.
10. IPM displays the *Checklist And Upload* screen.

Contact Information

Currently in APRSS submission *Required Field

Please let us know whom to contact with questions regarding this submission:

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* Please re-enter your E-Mail Address*

Phone* **Ext** **Fax** **Ext**

Additional Notes:

Previous
Cancel
Save And Next

11. Click **Upload New**.
12. IPM displays the *Upload Document Details* screen.
13. Choose the document file to be uploaded, and select the document type.
14. Click **Upload**.

Checklist And Upload

As part of your home country audited financial statements submission you must include an electronic copy of your complete financial statement, including the following information:

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Consolidated Statements (if applicable)
- Notes to Financial Statement
- Any other annual documents or reports required pursuant to your home country accounting principals
- Cash Flows Statements (if applicable)

Two fiscal years of financial statements must be provided. Please note that a single audited financial statement with comparative data for 2 fiscal years does not meet the requirement to submit audited financial statements for each fiscal year.

Public institutions are also asked to provide notification of such designation by the entity that has the legal authority to make that designation, and a letter from the entity confirming that the institution is a public institution.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|---|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 | Home Country Financial Statements Year 1 - Manchester Metropolitan University | | | Upload New |
| 2 | Home Country Financial Statements Year 2 - Manchester Metropolitan University | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

15. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the document type, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Update* table.
 - e. Click **Upload**.
16. Click **Save And Next**.
17. IPM displays the *Submit* screen.
18. Click **Submit**.
19. IPM displays the *Submit* screen with a message indicating the Reinstatement Submission was received on the date and time of the submission.

Upload Document Details

*Required Field

Select Document*

C:\Users\sp_farm\Desktop\DUC 54.1.xlsx Browse...

Please select below the list of documents with this upload

Financial Statement Year 1

Financial Statements Year 2

Upload Cancel

Submit

You are about to submit an application with the purpose of Closeout Audit.

Previous Cancel Submit

7.7.11 Submit Reinstatement – Domestic & Foreign For Profit

1. Select *Reinstatement* on the *FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM moves to **Financial Statements** on the Left Menu.
4. IPM displays the *Financial Statements* screen.

The screenshot shows a web form titled "Partner FSCA Submissions" with a green header. Below the header, there are two sections: "Overdue Submissions" and "Current Submissions", each with a text input field. A small asterisk and the text "*Required Field" are located in the top right corner of the form area. Below these sections is a section titled "Tell us the purpose of this submission*" which contains a list of radio button options: "Initial", "Reinstatement", "Closeout Audit", "Annual Submission", "Waiver", "Exemption", "Extension", "Change in FYE", and "Merger". At the bottom of the form, there are two buttons: "Save And Next" on the left and "Cancel" on the right.

5. Provide the necessary information on the *Financial Statements* screen.
 - Relevant information pertinent to the Reinstatement Financial Statement submission
6. Click **Save And Next**.
7. IPM moves to the **90/10 to Attestation** on the Left Menu.
8. IPM displays the *Home Country* screen that includes Numerator and Denominator sections on the screen.

New Institution *Required Field

Enter the Institution's most Recent Fiscal Year End:
 Current Fiscal Year End: 01/06/2007 Previous Fiscal Year End: 01/07/2006

Please answer the following questions for 01/06/2007
 Indicate the Period Audited:
 Begin Date: 12/31/2006 End Date: 01/06/2007

Review Auditor Information:
 Is this information correct?
 Yes No

Enter Auditor Information:
 Auditor Search:
 Search by Auditor TIN: Search for Auditor TIN/Name: Search

Enter Auditor's TIN: IPN: Audit Firm Name:
 21424242

Address1: Address2:
 2142

Country: Foreign Province: City: Postal Code:
 AD408 AD408 AD408

International Phone Number (including country code): Ext: International Tax Number (including country code): Ext:
 +1-4124124124242

Auditor Type: Auditor License Number:
 State Auditor: 24742424

What type of Auditor's Report was issued on the Financial Statements?
 ADVIS

Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements?
 Yes No

Provide your 90/10 attestation:
 Enter Adjusted Student Title IV Revenue (Numerator):
 Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator):
 W/FB Attestation Percentage:

Cancel Save And Next

9. Provide the requested information on the *Home Country* screen.
10. Click **Save And Next**.
11. IPM moves to **Financial Contact Information** on the Left Menu.
12. IPM displays the *Contact Information* screen for Financial Statement submission.

| Home Country Numerator | | | |
|--|---|----------------------------------|--|
| Student Title IV Revenue | | | |
| Subsidized Loan* | Federal Pell Grant* | ACD* | TRACH* |
| \$1,000 | \$300 | \$0 | \$1,000 |
| ESDC (subject to matching reduction)** | | | |
| Federal Direct PLUS Loan* | Iraq & Afghanistan Service Grant* | Perkins Loan** | |
| \$300 | \$1,000 | \$0 | \$0 |
| Student Title IV Revenue** | Unsubsidized Loan up to pre-ECASLA Loan Limit(s) if applicable* | | |
| \$000 | \$1,000 | | |
| Federal Work Study applied to tuition and fees (subject to matching reduction)** | | | |
| \$3,000 | | | |
| Revenue Adjustment | | | |
| Tuition and fees, and other institutional charges** | | | |
| \$11,000 | | | |
| Grant funds for the student from non-Federal public agencies or private sources independent of the institution** | | | |
| \$0 | | | |
| Funds provided for the student under a contracted arrangement with a Federal, State, or local government agency for the purpose of providing job training to low income individuals* | | | |
| \$0 | | | |
| Funds used by a student from savings plans for educational expenses established on or behalf of the student that qualify for special tax treatment under the Internal Revenue Code* | | | |
| \$0 | | | |
| Institutional scholarships disbursed to the student* | Total Funds Applied For* | Return of Title IV Revenue* | Total Adjusted Student Title IV Revenue (Numerator)* |
| \$1,000 | \$1,000 | \$5,000 | \$12,000 |
| Denominator | | | |
| Student Non Title IV Revenue (NUG) | | | |
| Student Payments* | Other External Funding* | Student Non - Title IV Revenue** | |
| \$15,000 | \$0 | \$15,000 | |
| Amount of Unsubsidized Loan Over the pre-ECASLA Loan Limit* | | | |
| \$5,000 | | | |
| Funds paid to the institution by, or on behalf of, students for education and training in qualified non - Title IV eligible programs** | | | |
| \$1,000 | | | |
| The Net Present Value (NPV) of institutional loans disbursed to students** | | | |
| \$10,000 | | | |
| Revenue from other Sources (Totals for the Fiscal Year)* | | | |
| \$10,000 | | | |
| Revenue Adjustment* | | | |
| \$20,000 | | | |
| USGAAP Numerator | | | |
| Denominator | | | |

← Previous
Cancel
Save And Next →

13. Provide the contact information on the *Contact Information* screen.

- Point-of-contact regarding questions pertinent to the Reinstatement submission.
 - If the screen is pre-populated and the auditor information is the same as the current auditor, then select **Yes**.

14. Click **Save And Next**.

15. IPM moves to **Upload Documents** on the Left Menu.

16. IPM displays the *Checklist And Upload* screen.

1
ssion *Required Field

Do you contact with questions regarding this submission:

Other Title*

Name* **MI** **Last Name*** **Suffix**

Please re-enter your E-Mail Address*

Ext **Fax** **Ext**

Checklist And Upload

The following components must be included in your Audited Financial Statements.

- Independent Auditor's Report. (This report must contain the Auditor's signature and date.)
- Statement of Financial Position.
- Statement of Activities
- Cash Flows Statement
- Notes to Financial Statement
- Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements performed in Accordance with Government Auditing Standards.

Public institutions are also asked to provide notification of such designation by the entity that has the legal authority to make that designation, and a letter from the entity confirming that the institution is a public institution..

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|---|----------|----------------------|----------------------------|
| | <input type="text"/> | | <input type="text"/> | |
| 1 | Financial Statement Year 1 - Jeffrey again | | | Upload New |
| 2 | Financial Statements Year 2 - Jeffrey again | | | Upload New |

[Upload Other Documents](#)

Previous
Cancel
Save And Next

17. Click **Upload New**.
18. IPM displays the *Upload Document Details* screen.
19. Choose the document file to be uploaded, and select the document type.
20. Click **Upload**.
21. IPM adds the uploaded document to the *Checklist And Upload* table.
 - e. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
 - f. IPM displays the *Upload Document Details* screen.
 - g. Choose the document file to be uploaded, and select the document type, then click **Upload**.
 - h. IPM adds the uploaded document to the *Checklist And Update* table.
22. IPM displays the *Submit* screen.

Upload Document Details

*Required Field

Select Document*

C:\Users\sp_farm\Desktop\DUC 54.1.xlsx Browse...

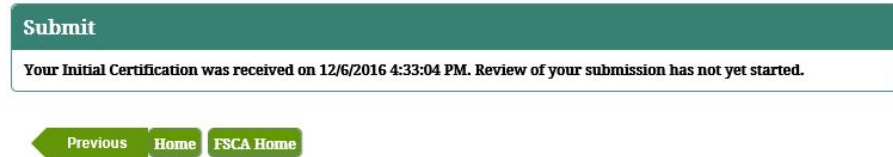
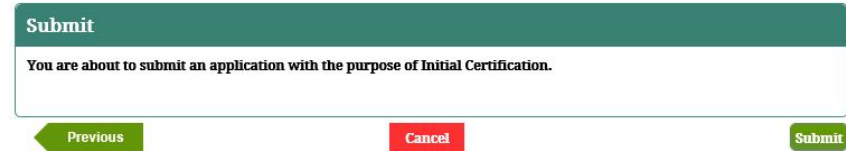
Please select below the list of documents with this upload

Financial Statement Year 1

Financial Statements Year 2

Upload Cancel

- 23. Click **Submit**.
- 24. IPM displays the *Submit* screen with a message indicating the Reinstatement Submission was received on the date and time of the submission.



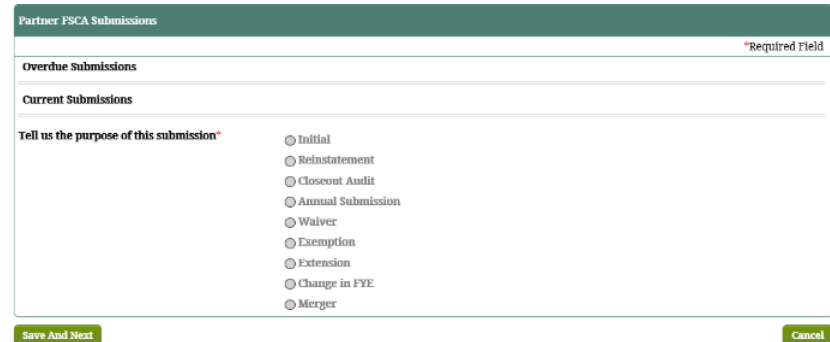
7.8 Submit Merger- Change Ownership

This submission allows the Partner to prepare and submit a Merger/Change in Ownership (CIO) Financial Statements submission in support of the applicable Eligibility Application. A single Financial Statements submission is used to support both the Merger Eligibility Application and the Change in Institutional Ownership Eligibility Application.

Partner Type: Domestic & Foreign

7.8.1 Merger – Change in Ownership

1. Select *Merger* on the *Partner FSCA Submissions* screen, then click **Save And Next**.
2. IPM moves to **Contact Information** on the Left Menu.
3. IPM displays the *Contact Information* screen for Merger-Change in Ownership.



The screenshot shows the 'Partner FSCA Submissions' interface. At the top, there is a green header with the text 'Partner FSCA Submissions' and a '*Required Field' indicator. Below the header, there are two sections: 'Overdue Submissions' and 'Current Submissions'. Under 'Current Submissions', there is a text input field labeled 'Tell us the purpose of this submission*'. To the right of this field is a list of radio button options: 'Initial', 'Reinstatement', 'Closeout Audit', 'Annual Submission', 'Waiver', 'Exemption', 'Extension', 'Change in FYE', and 'Merger'. At the bottom of the form, there are two buttons: 'Save And Next' on the left and 'Cancel' on the right.

4. Provide the contact information on the **Contact Information** screen including the Date of One Day Balance Sheet.
 - Point-of-contact regarding questions pertinent to the Merger-Change in Ownership submission
5. Click **Save and Next**.
6. IPM displays the **Checklist and Upload** screen
7. Click **Upload New**.
8. IPM displays the **Upload Document Details** screen.
9. Choose the document file to be uploaded, and select the document type.
10. Click **Upload**.

Contact Information *Required Field

Indicate the Date Covered By Balance Sheet:
 Date of One Day Balance Sheet*

Please let us know whom to contact with questions regarding this submission:

Title* Other Title*

Prefix* First Name* MI Last Name* Suffix

E-Mail Address* Please re-enter your E-Mail Address*

International Phone Number (including country code) Ext International Fax Number (including country code) Ext

Please enter any additional notes

Cancel
Save And Next

Checklist And Upload

As part of your Merger/Change in Ownership (CIO) submission you must include an electronic copy of your New Entity's audited One Day Balance Sheet. You must upload the New Owner's most recently completed last two year of audited Financial Statements.

Please use the fields below to upload the files that you wish to submit to the US Department of Education.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|---|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 | Financial Statements - University of Science, Arts and Technology, College of Medicine | | | Upload New |
| 2 | One Day Balance Sheet - University of Science, Arts and Technology, College of Medicine | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

11. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the document type, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Upload* table.
12. Click **Save And Next**.
13. IPM displays the *Submit* screen.
14. Click **Submit**.
15. Merger-Change in Ownership submission as received on the date and time of the submission.

Upload Document Details

*Required Field

Select Document*

C:\Users\sp_farm\Desktop\test1 Browse...

Please select below the list of documents with this upload

Financial Statements

One Day Balance Sheet

Upload Cancel

Submit

You are about to submit an application with the purpose of Merger.
By selecting the "Submit" button, the information you have entered on these pages will be sent to the US Department of Education.
Your Financial Statement must be prepared in accordance with the Foreign School Audit Guide. Once submitted, you will have read only access to this data.
I hereby certify to the best of my knowledge and belief, all information in this submission is true and accurate.

Previous Cancel Submit

7.8.2 Merger – Change in Ownership – Domestic For Profit

1. Select *Merger* on the *Partner FSCA Submissions* screen, then click **Save And Next**.
2. IPM moves to **Balance Sheet Merger** on the Left Menu.
3. IPM displays the *Balance Sheet* screen.

4. Provide the information on the *Balance Sheet* screen.
5. Click **Save And Next**.
6. IPM displays the *Contact Information* screen for Merger-Change in Ownership.

7. Provide the contact information on *the Contact Information* screen including the Date of One Day Balance Sheet.
 - Point-of-contact regarding questions pertinent to the Merger-Change in Ownership submission
8. Click **Save and Next**.
9. IPM displays the *Checklist And Upload* screen

Contact Information

*Required Field

Indicate the Date Covered By Balance Sheet:
Date of One Day Balance Sheet*

Please let us know whom to contact with questions regarding this submission:

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

International Phone Number (including country code)* **Ext** **International Fax Number (including country code)** **Ext**

Please enter any additional notes

Cancel
Save And Next

10. Click **Upload New**.
11. IPM displays the *Upload Document Details* screen.
12. Choose the document file to be uploaded, and select the document type.
13. Click **Upload**.

Checklist And Upload

As part of your Merger/Change in Ownership (CIO) submission you must include an electronic copy of your New Entity's audited One Day Balance Sheet. You must upload the New Owner's most recently completed last two year of audited Financial Statements.

Please use the fields below to upload the files that you wish to submit to the US Department of Education.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|---|----------|----------|----------------------------|
| 1 | Financial Statements - University of Science, Arts and Technology, College of Medicine | | | Upload New |
| 2 | One Day Balance Sheet - University of Science, Arts and Technology, College of Medicine | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

14. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: click **Upload Other Documents** on the *Checklist And Upload* screen.
 - Additional document(s) pertaining to the Merger-Change in Ownership Submission
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the document type, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Upload* table.

Upload Document Details *Required Field

Select Document*
C:\Users\sp_farm\Desktop\test1 Browse...

Please select below the list of documents with this upload

Financial Statements
 One Day Balance Sheet

Upload Cancel

15. Click **Save And Next**.
16. IPM displays the *Submit* screen.

Submit

You are about to submit an application with the purpose of Merger.
By selecting the "Submit" button, the information you have entered on these pages will be sent to the US Department of Education.
Your Financial Statement must be prepared in accordance with the Foreign School Audit Guide. Once submitted, you will have read only access to this data.
I hereby certify to the best of my knowledge and belief, all information in this submission is true and accurate.

Previous Cancel Submit

17. Click **Submit**.
18. IPM displays the *Submit* screen with a message indicating the Merger-Change in Ownership submission was received on the date and time of the submission.

7.8.3 Merger – Change in Ownership – Domestic Non Profit

1. Select *Merger* on the *Partner FSCA Submissions* screen, then click **Save And Next**.
2. IPM moves to the **Statement Activities Merger** on the Left Menu.
3. IPM displays the *Statement of Financial Position* screen.

4. Provide the information on the *Statement of Financial Position* screen.
5. Click “**Save And Next**”.
6. IPM displays the *Contact Information* screen for Merger-Change in Ownership.

Partner FSCA Submissions

Overdue Submissions *Required Field

Current Submissions

Tell us the purpose of this submission *

- Initial
- Reinstatement
- Closeout Audit
- Annual Submission
- Waiver
- Exemption
- Extension
- Change in FYE
- Merger

Save And Next Cancel

Statement Of Financial Position

Cash and Cash Equivalents:*

Current Total Net Accounts Receivable:*

Investments (convertible within 90 days):*

Total Quick Assets:*

Current Liabilities:*

Total Assets per Balance Sheet or Statement of Financial Position:*

Intangible Assets:*

Tangible Assets:*

Total Liabilities per Balance Sheet or Statement of Financial Position:*

Positive Tangible Net Worth:*

Note-Tangible Net Worth equals Tangible Assets less Total Liabilities

Positive Unrestricted Net Assets (including Board Designated funds that are Temporarily Restricted that can be transferred to or added to net unrestricted assets at the discretion of the Board):*

Positive Temporarily Restricted Net Assets:*

Positive Unrestricted and Temporarily Restricted Net Assets:*

Accounts Receivable – Unsecured Related Party:*

Cancel Save And Next

7. Provide the contact information on the **Contact Information** screen including the Date of One Day Balance Sheet.
 - Point-of-contact regarding questions pertinent to the Merger-Change in Ownership submission
8. Click **Save and Next**.
9. IPM displays **Checklist And Upload** screen

10. Click **Upload New**.
11. IPM displays the **Upload Document Details** screen.
12. Choose the document file to be uploaded, and select the document type.
13. Click **Upload**.

Contact Information

*Required Field

Indicate the Date Covered By Balance Sheet:
Date of One Day Balance Sheet*

Please let us know whom to contact with questions regarding this submission:

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

International Phone Number (including country code)* **Ext** **International Fax Number (including country code)*** **Ext**

Please enter any additional notes

Cancel
Save And Next

Checklist And Upload

As part of your Merger/Change in Ownership (CIO) submission you must include an electronic copy of your New Entity's audited One Day Balance Sheet. You must upload the New Owner's most recently completed last two year of audited Financial Statements.

Please use the fields below to upload the files that you wish to submit to the US Department of Education.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|---|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 | Financial Statements - University of Science, Arts and Technology, College of Medicine | | | Upload New |
| 2 | One Day Balance Sheet - University of Science, Arts and Technology, College of Medicine | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

- 14. IPM adds the file to the *Checklist And Upload* table.
- 15. Click **Save And Next**.
- 16. IPM displays the *Submit* screen
- 17. Click **Submit**.

- 18. IPM displays the *Submit* screen with a message indicating the Merger – Change in Ownership Submission was received on the date and time of the submission.

Upload Document Details

*Required Field

Select Document*

C:\Users\isp_farm\Desktop\test1 Browse...

Please select below the list of documents with this upload

Financial Statements

One Day Balance Sheet

Upload Cancel

Submit

You are about to submit an application with the purpose of Merger.
By selecting the "Submit" button, the information you have entered on these pages will be sent to the US Department of Education.
Your Financial Statement must be prepared in accordance with the Foreign School Audit Guide. Once submitted, you will have read only access to this data.
I hereby certify to the best of my knowledge and belief, all information in this submission is true and accurate.

Previous Cancel Submit

Submit

Your Initial Certification was received on 12/6/2016 4:33:04 PM. Review of your submission has not yet started.

Previous Home FSCA Home

7.9 Submit Foreign Schools Annual Reporting Annual Submission

This submission allows a Foreign Partner to prepare and submit a submission based on periodic reporting requirements. The amount of Title IV, HEA program funds the institution received during FYE in the funding ranges will determine the reports required.

Partner Type: Foreign

1. Select **Annual Submission** on the *Partner FSCA Submissions* screen.
2. Answer the Gateway Question, then click **Save And Next**.
3. IPM moves to **Financial Statements-Financial Statements Foreign GAAP** on the Left Menu.

The screenshot shows a web form titled "Partner FSCA Submissions" with a green header. Below the header, there are sections for "Overdue Submissions" and "Current Submissions", both of which are currently empty. A required field is indicated by a red asterisk. The main section is titled "Tell us the purpose of this submission*" and contains a list of radio button options: "Initial", "Reinstatement", "Closeout Audit", "Annual Submission" (which is selected), "Waiver", "Exception", "Extension", "Change in FYE", "Merger", and "Multiyear Compliance Audit". Below this list is another required field titled "How much Title IV funding did your institution receive during the most recent completed fiscal year?*" with five radio button options: "\$0 (No Title IV, HEA Funds Received)", "At least \$1 but less than \$500 thousand USD", "At least \$500 thousand but less than \$3 million USD" (which is selected), "At least \$3 million but less than \$10 million USD", and "\$10 million USD or more". At the bottom of the form, there are two buttons: "Save And Next" on the left and "Cancel" on the right.

4. Provide the relevant information for the dates of financial statement audit.
5. Provide the information for the institution’s auditor, if the information is pre-populated indicate whether the information is correct or not, with the option to edit.
6. Click on **Save And Next**.
7. IPM moves to **90/10 Attestation** on the Left Menu.
8. Provide the 90/10 attestation information and USGAAP information from the financial statement.
 - The numerator is drawn from the institution’s Student Title IV Revenue
 - The denominator is drawn from the institution’s Student Non-Title IV Revenue.
10. Click **Save And Next**.
11. IPM moves to **Statement of Financial Position/Statement of Activities** on the Left Menu; and displays the *Home Country* screen.

| | |
|----------|-------------------------|
| Revenue* | IV Revenue (Numerator)* |
| \$350 | (\$350) |

Student Non - Title IV Revenue *

\$15,000

Loan Limits*

ents for education and training in qualified non – Title IV eligible

sbursed to students *

ar)* *

| | |
|------------------------------------|----------------|
| ACG* | TEACH * |
| \$0 | \$0 |
| Iraq & Afghanistan Service Grant * | Perkins Loan * |
| \$0 | \$0 |

p to pre-ECASLA Loan Limits(if applicable)*

ect to matching reduction) *

: agencies or private sources independent of the institution *

arrangement with a Federal, State, or local government agency for individuals*

ational expenses established on or behalf of the student that Revenue Code*

| | |
|-----------------------------|--|
| Return of Title IV Revenue* | Total Adjusted Student Title IV Revenue (Numerator)* |
| \$2,500 | \$7,500 |

Student Non - Title IV Revenue *

\$15,000

Loan Limits*

ents for education and training in qualified non – Title IV eligible

sbursed to students *

ar)* *

12. Provide all required information relevant to the current financial position.
13. Click **Save And Next**.
14. IPM moves to Financial Contact Information on the left menu.
15. Provide required contact information for a person FSA could contact with questions regarding the financial statement.
16. Click **Save and Next**.
17. IPM moves to **Compliance Audits-CA Details** on the Left Menu.
18. Provide the relevant information for the dates of compliance audit.
19. Provide the information for the institution’s auditor, if the information is pre-populated indicate whether the information is correct or not, with the option to edit.
20. Click **Save and Next**.
21. IPM moves to **Compliance Contact Information** on the Left Menu; and displays the *Contact Information* screen.

*Required Field

Statement Of Financial Position

| | |
|---|-----------------|
| Accounts Receivable Employees-Unsecured:* | \$1,564,651 |
| Accounts Receivable-Related Parties-Unsecured:* | \$5,165,186 |
| Note(s) Receivable-Related Party-Unsecured:* | \$316,516 |
| Contributions/Pledges Receivable-Unsecured Related Party:* | \$616 |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP):* | \$51 |
| Construction in Progress (CIP):* | \$16 |
| Intangible assets, net of amortization (excluding goodwill):* | \$161 |
| Goodwill:* | \$161,651 |
| Total Assets per Balance Sheet or Statement of Financial Position:* | \$51,616 |
| Long Term Line of Credit (including the short term portion):* | \$6,516 |
| Long Term Debt (including the short term portion):* | \$16 |
| Capital Lease Obligations (including the short term portion):* | \$16 |
| Post Employment and Retirement Benefits:* | \$1 |
| Total Liabilities per Balance Sheet or Statement of Financial Position:* | \$1,616 |
| Split Interest Agreements and Term Endowments:* | \$51 |
| Permanently Restricted Net Assets:* | \$511 |

Statement Of Activities

| | |
|---|---------------|
| Total Unrestricted Revenues (including Board Designated Temporarily Restricted Revenues approved for current or future operations at fiscal year end):* | \$989,986,949 |
| Total Unrestricted Expenses:* | \$914 |

Previous
Cancel
Save And Next

22. Provide required contact information for a person FSA could contact with questions regarding the compliance audit.
23. Click **Save and Next**.
24. IPM moves to **Upload Documents** in the Left Menu; and displays the *Upload Documents* screen.
25. Click **Upload New**.
26. IPM displays the *Upload Document Details* screen.
27. Select the document to be uploaded and choose the document type.
28. Click **Upload**.
29. IPM adds the uploaded document to the *Check List and Upload* table.

The screenshot shows a web form titled "Contact Information" with a green header. A red asterisk and the text "*Required Field" are in the top right corner. Below the header, there is a prompt: "Please let us know whom to contact with questions regarding this submission:". The form contains several fields: "Title*" (a dropdown menu with "Other" selected), "Other Title*" (a text input field with "Financial Official" entered), "Prefix*" (a dropdown menu with "Mr." selected), "First Name*" (a text input field with "Dulles" entered), "MI" (a small text input field), "Last Name*" (a text input field with "Lanham" entered), and "Suffix" (a small text input field). Below these are two "E-Mail Address*" fields, both containing "ldulles@sfa.edu", with a red asterisk and the text "*Required Field" above the second field. The second field also has a red asterisk and the text "Please re-enter your E-Mail Address*" above it. There are two "International Phone Number (including country code)*" fields, both containing "+16-41616846132189", and two "International Fax Number (including country code)*" fields, all with red asterisks and "Required Field" text. At the bottom, there is a text area labeled "Enter Any Additional Notes:". At the very bottom of the form are three buttons: "Previous" (green arrow pointing left), "Cancel" (red button), and "Save And Next" (green arrow pointing right).

The screenshot shows a web form titled "Upload Document" with a dark blue header. Below the header is a sub-section titled "Upload Document Details" with a green header and a red asterisk and the text "*Required Field" in the top right corner. The main section is titled "Select Document*" and contains a text input field with the file path "C:\Users\sp_farm\Desktop\Amendment PPA.docx" and a "Browse..." button. Below this, there is a prompt: "Please select below the list of documents with this upload". There are two checkboxes: "Home Country Financial Statements Year" (checked) and "Compliance Audits" (unchecked). At the bottom of the form are two buttons: "Upload" (green) and "Cancel" (green).

30. Click **Upload Other Documents** to upload additional documents that may be useful for FSA review of financial statements or compliance audits.

- Follow steps 25 through 28 above.
- The user cannot upload the same document for two different document types.

31. Click **Save And Next**.

32. The **Submit** screen appears.

CheckList And Upload

As part of your Standard Engagement Compliance Audit you must include an electronic copy of your complete audit including the following information:

- Title Page
- Report on Compliance with laws and regulations with auditor's signature
- Report on Internal Controls Over Compliance
- Definition of Materiality (unless the report has an unqualified opinion)
- Auditor Information Sheet
- Services Information Sheet
- Schedule of Findings and Questioned Costs
- Auditor's Comments on the Resolution of Prior Audit Findings
- Corrective Action Plan (This is required if there are audit findings for the period.)
- Management Assertions and Representations
- Copies of Reports of Fraud or Other Illegal Acts, if applicable

As part of your home country audited financial statements submission you must include an electronic copy of your complete financial statement, including the following information:

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Statement of Financial Position
- Statement of Activities
- Consolidated Statements (if applicable)
- Notes to Financial Statements
- Any other annual documents or reports required pursuant to your home country accounting principals
- Cash Flows Statement (if applicable)

As part of your Alternative Engagement Compliance Audit, you must include an electronic copy of your complete audit report including the following information:

- Title Page
- Report on Applying the Agreed-upon Procedures
- Schedule of Findings and Questioned Costs

Please use the fields below to upload the files that you wish to submit to the US Department of Education. For each file you upload, use the checkboxes to indicate what is contained in the file.

Upload times may vary depending on connection speed, but upload times greater than 1 minute are common – please wait for the page to refresh before continuing.

You must upload at least one Compliance Audit report file to satisfy required documents.

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions |
|---|--|--------------------------|--------------------------|---|
| 1 | Home Country Financial Statements Year - Sofia University St. Kliment Ohridski | <input type="checkbox"/> | <input type="checkbox"/> | View Delete |
| 2 | Compliance Audits - Sofia University St. Kliment Ohridski | <input type="checkbox"/> | <input type="checkbox"/> | View Delete |

[Upload Other Documents](#)

[Previous](#)
[Cancel](#)
[Save And Next](#)

33. Click **Submit**.

34. IPM displays the **Submit** screen with a message that the Annual Submission was received on the date and time of the submission.

Submit

You are about to submit an application with the purpose of Annual FSCA Submission.

- Standard Compliance Audit Report
- Standard Audit
- Corrective Action Plan (CAP)
- Student Reference Listing
- Alternative Compliance Audit Report
- Alternative Audit
- Audited Financial Statements
- Home Country Audited Financial Statement
- US GAAP /GAGAS Financial Statements

By selecting the "Submit" button, the information you have entered on these pages will be sent to the US Department of Education.

Your submission must be prepared in accordance with 34 CFR 688.23 and the Foreign School Audit Guide as appropriate. Once submitted, you will have read only access to this data.

I hereby certify to the best of my knowledge and belief, all information in this submission is true and accurate.

[Previous](#)
[Cancel](#)
[Submit](#)

7.10 Resubmit Previously Incomplete or Rejected Submissions

This submission allows the Partner to correct a submission that has been marked incomplete or rejected and returned to them by the Acceptability Review Team. The data of the original submission is pre-populated into the resubmission and is editable for portions of the submission that were designated as incomplete and read-only for portions of the submission that were designated as complete. In addition, the attached documents from the previous submission that were in a category of documents marked complete are attached to the resubmission and displayed on the upload page.

Partner Type: Foreign

1. Select **Waiver** on the *Partner FSCA Submissions* screen.
2. Click **Save And Next**.
3. IPM displays the *Request Waiver* screen.
4. Select **Yes** on the *Request Waiver* screen.
5. If **No** is selected, IPM displays a message in red on the *Request Waiver* screen.
6. Click **Cancel**.
7. IPM expands the *Request Waiver* screen to include the Self-Assessment section on the screen.

Request Waiver *Required Field

Did the institution disburse any Title IV funds during the period?*

Yes No

Please note that because no Title IV funds have been disbursed, no compliance audit is due, only audited financial statements. Therefore a waiver request is not applicable. Please return to the "Maintain Eligibility" page and link. When you indicate that no Title IV funds were disbursed only a financial statement submission will be required.

Cancel Save And Next

8. Select **Yes** or **No** for each question in the Self-Assessment section on the screen.
9. Click **Save And Next**.
10. IPM displays the *Contact Information* screen for Submit Waiver.

Request Waiver

*Required Field

Did the institution disburse any Title IV funds during the period?*

Yes No

Self-Assessment

Is a domestic (not a Foreign) Institution.*

Yes No

Disbursed less than \$200,000 in Title IV, HEA program funds during each of the last of the two completed award years preceding the waiver request?*

Yes No

Participated in the Title IV programs under the same ownership for at least three award years preceding the waiver request?*

Yes No

Is financially responsible as defined in 34 C.F.R §668.171 (An institution that did not meet the standard §668.171 but was deemed financially responsible under the alternative standards of 34 C.F.R.R §668.171 does not qualify for the audit waiver)*

Yes No

Is not on the reimbursement or cash monitoring system of payment.*

Yes No

Has not been subject to limitation, suspension, fine, or termination proceedings, or emergency action (initiated by ED or a guarantee agency) in the three years preceding the institutions waiver request*

Yes No

Submitted its compliance and financial statement audits timely for the previous two fiscal years, and was assessed no liabilities in excess of \$10,000 in either year*

Yes No

Is not scheduled to submit its application for recertification during an award that would fall in the second fiscal year of the waiver period.*

Yes No

Agrees to keep record of each award year relating to each award year in the waiver period for two years after the end of the standard record retention period for those records*

Yes No

Is the institution willing to provide a Letter of Credit for 10% of the amount of Title IV funds disbursed during the award year preceding the waiver request, if the waiver request is approved?*

Yes No

I acknowledge that I understand the self-assessment criteria and would like to request a waiver.*

Cancel Save And Next

- 11. Edit previously provided contact information.
- 12. Click **Save And Next**.
- 13. IPM displays the *Submit* screen.

Contact Information *Required Field

Please let us know who to contact with questions regarding this request.

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

[Previous](#) [Cancel](#) [Save And Next](#)

- 14. Click **Resubmit**.
- 15. IPM displays the *Submit* screen with a message indicating the Waiver submission was received on the date and time of the submission.

Submit

You are about to submit an application with the purpose of Waiver.

[Previous](#) [Cancel](#) [Submit](#)

Submit

Your Closeout Audit Submission was received on 12/5/2016 10:54:52 AM. Review of your submission has not yet started.

[Previous](#) [Home](#) [FSCA Home](#)

7.11 Partner Group Submissions

All Partner Groups are structure with a Locator (or leader) and one or more Members. The Locator can always submit on behalf of each of the members as well as completing their own submission pieces. A member user can only submit the member portion of the Group Submission. The Group Submission will not be received by Federal Student Aid, i.e. it will not be considered submitted until the Locator and all Member submission pieces are completed. This submission allows a Partner Group user to makes a submission using the Partner Group submission screens, in IPM, for an equivalent non-group submission.

8.11.1 Partner Group Submissions – Consolidated

1. Select *Annual Submission* on the *Partner FSCA Submissions* screen, then click “Save And Next”.
2. IPM moves to **Financial Statements** on the Left Menu.
3. IPM displays the *Annual FSCA Submission* screen including the Group Partner table.

Partner FSCA Submissions

*Required Field

Overdue Submissions

Current Submissions

Tell us the purpose of this submission*

- Initial
- Reinstatement
- Closeout Audit
- Annual Submission
- Waiver
- Exemption
- Extension
- Change in FYE
- Merger

Save And Next Cancel

4. Provide the information on the *Annual FSCA Submission* screen.
5. Click **Save And Next**.

Annual FSCA Submission *Required Field

Indicate the Period Audited
Begin Date* 01/01/2016 End Date* 12/31/2016

Review Auditor Information
Is this information correct?*
 Yes No

Auditor Search
Search by Auditor TIN Search for Auditor TIN here... Search

Enter Auditor's TIN* 55883339 IPI 66666666 Audit Firm Name Prashanthi Audit Firm

Address1* addr1 Address2 addr2

Country* United States State/Territory* Nevada City* city Zip Code* 76786 +4 7858

Phone* (151)613-2131 Ext Fax Ext

Auditor Type* State Auditor Auditor License Number* 23432432

What type of Auditor's opinion was issued on the financial statements?*Qualified

Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements?* Yes No

Provide your 90/10 attestation:

Enter Adjusted Student Title IV Revenue (Numerator)*
90

Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator)*
100

90/10 Attestation Percentage
90.00

Cancel Save And Next

6. IPM moves to **90/10 Attestation** on the Left Menu.
7. IPM displays the *Home Country* screen that includes Numerator and Denominator sections on the screen.
8. Provide the required information on the *Home Country* screen.
9. Click **Save And Next**.
10. IPM moves to **Balance Sheet/Income Statements** on the Left Menu.
11. IPM displays the *Balance Sheet* screen that includes an Income Statement section on the screen.

Home Country Numerator

| | | | |
|--|---|--|---|
| Student Title IV Revenue | | | |
| Subsidized Loan* | Federal Pell Grant* | ACG* | TEACH* |
| \$1,000 | \$500 | \$0 | \$2,000 |
| FSEOG (subject to matching reduction)* | Federal Direct PLUS Loan* | Iraq & Afghanistan Service Grant* | Perkins Loan* |
| \$500 | \$5,000 | \$0 | \$0 |
| Student Title IV Revenue* | Unsubsidized Loan up to pre-ECASLA Loan Limits(if applicable)* | | |
| 9000 | \$1,000 | | |
| Federal Work Study applied to tuition and fees (subject to matching reduction)* | | | |
| \$3,000 | | | |
| Revenue Adjustment | | | |
| Tuition and fees, and other institutional charges* | | | |
| \$15,000 | | | |
| Grant funds for the student from non-Federal public agencies or private sources independent of the institution* | | | |
| \$0 | | | |
| Funds provided for the student under a contractual arrangement with a Federal, State, or local government agency for the purpose of providing job training to low income individuals* | | | |
| \$0 | | | |
| Funds used by a student from savings plans for educational expenses established on or behalf of the student that qualify for special tax treatment under the Internal Revenue Code* | | | |
| \$0 | | | |
| Institutional scholarships disbursed to the student* | Total Funds Applied For** | Return of Title IV Revenue* | Total Adjusted Student Title IV Revenue (Numerator)* |
| \$1,000 | \$1,000 | \$3,000 | \$12,000 |

Denominator

| | | |
|--|--------------------------------|--|
| Student Non Title IV Revenue (90/10) | | |
| Student Payments* | Other External Funding* | Student Non - Title IV Revenue* |
| \$15,000 | \$0 | \$19,000 |
| Amount of Unsubsidized Loan Over the pre-ECASLA Loan Limits* | | |
| \$3,000 | | |
| Funds paid to the institution by, or on behalf of, students for education and training in qualified non - Title IV eligible programs* | | |
| \$1,000 | | |
| The Net Present Value (NPV) of institutional loans disbursed to students* | | |
| \$100,000 | | |
| Revenue from other Sources (Totals for the Fiscal Year)* | | |
| \$100,000 | | |
| Revenue Adjustment* | \$201,000 | |

USGAAP Numerator

Denominator

Previous
Cancel
Save And Next

12. Provide all required information on the *Balance Sheet* screen.
13. Click **Save And Next**.
14. IPM moves to **Financial Contact Information** on the Left Menu.
15. IPM displays the *Contact Information* screen for Financial Statement submission.

| Balance Sheet | |
|---|-----------------|
| | *Required Field |
| Accounts Receivable due from Management Employees-Unsecured:* | \$15,616 |
| Accounts Receivable-Related Parties-Unsecured:* | \$65,165 |
| Note(s) Receivable-Related Party-Unsecured:* | \$616 |
| Other Receivables-Unsecured Related Party:* | \$6 |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP):* | \$16 |
| Construction in Progress (CIP):* | \$65 |
| Intangible assets, net of amortization (excluding goodwill):* | \$1 |
| Goodwill:* | \$16 |
| Total Assets per Balance Sheet or Statement of Financial Position:* | \$1 |
| Long Term Line of Credit (including the short term portion):* | \$165 |
| Long term Debt (including the short term portion):* | \$156 |
| Capital Lease Obligations (including the short term portion):* | \$566 |
| Post Employment and Retirement Benefits:* | \$61 |
| Total Liabilities per Balance Sheet or Statement of Financial Position:* | \$1,616 |
| Income Statement | |
| Total Revenues:* | \$61,616,161 |
| Total Expenses (pre-tax):* | \$894,581 |

Previous
Cancel
Save And Next

16. Provide the contact information on the Contact Information screen.
17. Click **Save And Next**.
18. IPM moves to **CA Details** on the Left Menu.
19. IPM displays the *Annual FSCA Submission* screen.

Contact Information

*Required Field

Please let us know whom to contact with questions regarding this submission:

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

Financial Statement Notes*
Financial Statements for Partner

Previous
Cancel
Save And Next

20. Provide the required information on the *Annual FSCA Submission* screen.
21. Click **Save And Next**.
22. IPM displays the *Contact Information* screen for the Compliance Audit submission.
23. Provide the contact information on the *Contact Information* screen.
24. Click **Save And Next**.
25. IPM moves to **Upload Documents** on the Left Menu.
26. IPM displays the *Checklist And Upload* screen.

CheckList And Upload

Are the following items, if applicable, included in the attachment of your Financial Statement Submission?

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Statement of Financial Position
- Statement of Activities
- Cash Flows Statement
- Consolidated Statements
- Notes to Financial Statements
- Independent Auditor's Report on Compliance and on Internal Control Over Financial Statements Performed in Accordance with Government Auditing Standards.

Are the following items, if applicable, included in the attachment of your Compliance Audit Submission?

- Schedule of Expenditures of Federal Awards
- Report on Internal Controls (This report must contain the Auditor's signature and date.)
- Corrective Action Plan Schedule of Findings and Questioned Costs
- Summary Schedule of Prior Year Audit Findings Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance Financial Statements Performed in Accordance with OMB Circular A-133

Select the document you would like to upload:

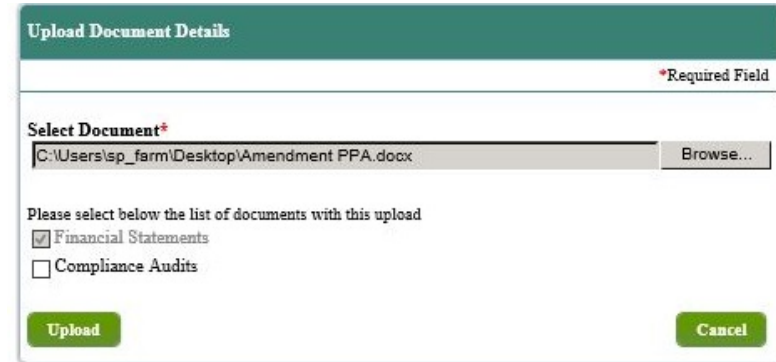
To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|---|--|----------|----------|----------------------------|
| 1 | Compliance Audits - Northeastern Seminary | | | Upload New |
| 2 | Financial Statements - Northeastern Seminary | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

- 27. Click **Upload New**.
- 28. IPM displays the *Upload Document Details* screen.
- 29. Choose the document file to be uploaded, and select the type of document to be uploaded.



- 30. Click **Upload**.
- 31. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: Click **Upload Other Documents** on the *Checklist And Upload* screen.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the type of document to be uploaded, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Update* table.



- 32. Click **Save And Next**.
- 33. IPM displays the *Submit* screen.

34. Click **Submit**.

35. IPM displays the *Submit* screen with a message indicating the Annual Submission was received on the date and time of the submission.



8.11.2 Partner Group Submissions – Unconsolidated

1. Select *Annual Submission* on the *Partner FSCA Submissions* screen, then click **SAVE AND NEXT**.
2. IPM moves to **Financial Statements** on the Left Menu.
3. IPM displays the *Annual FSCA Submission* screen including the *GROUP PARTNER* table.

The screenshot shows a web interface titled "Partner FSCA Submissions". At the top right, there is a red asterisk and the text "*Required Field". Below the title, there are two sections: "Overdue Submissions" and "Current Submissions". Under "Current Submissions", there is a text prompt "Tell us the purpose of this submission*" followed by a list of radio button options: "Initial", "Restatement", "Closeout Audit", "Annual Submission", "Waiver", "Exemption", "Extension", "Change in FYE", and "Merger". The "Annual Submission" option is selected. At the bottom left, there is a green button labeled "Save And Next", and at the bottom right, there is a green button labeled "Cancel".

4. Provide the information on the *Annual FSCA Submission* screen.
5. Click **Save And Next**.

Annual FSCA Submission *Required Field

Indicate the Period Audited
Begin Date* 01/01/2016 End Date* 12/31/2016

Review Auditor Information
Is this information correct?*
 Yes No

Auditor Search
Search by Auditor TIN Search for Auditor TIN here... Search

Enter Auditor's TIN* 558833339 IPI 66666666 Audit Firm Name Prashanthi Audit Firm

Address1* Address2*
addr1 addr2

Country* United States State/Territory* Nevada City* city Zip Code* 78786 +4 7858

Phone* (151)613-2131 Ext Fax Ext

Auditor Type* State Auditor Auditor License Number* 23432432

What type of Auditor's opinion was issued on the financial statements?*Qualified

Is a Going Concern paragraph included in either the Auditor's opinion letter or in the notes to the Financial Statements?* Yes No

Provide your 90/10 attestation: ⓘ

Enter Adjusted Student Title IV Revenue (Numerator)*
90

Enter Adjusted Student Title IV Revenue + Student non-Title IV Revenue + Total Revenue from other sources (Denominator)*
100

90/10 Attestation Percentage
90.00

Cancel Save And Next

6. IPM moves to **90/10 Attestation** on the Left Menu.
7. IPM displays the **Home Country** screen that includes Numerator and Denominator sections on the screen.
8. Provide the required information on the **Home Country** screen.
9. Click **Save And Next**.
10. IPM moves to **Balance Sheet/Income Statements** on the Left Menu.
11. IPM displays the **Balance Sheet** screen that includes an Income Statement section on the screen.

Home Country Numerator

| | | | |
|---|--|-----------------------------------|--|
| Student Title IV Revenue | | | |
| Subsidized Loan* | Federal Pell Grant* | ACG** | TEACH** |
| \$1,000 | \$500 | \$0 | \$2,000 |
| FSEOG (subject to matching reduction)* | Federal Direct PLUS Loan* | Iraq & Afghanistan Service Grant* | Perkins Loan* |
| \$500 | \$5,000 | \$0 | \$0 |
| Student Title IV Revenue* | Unsubsidized Loan up to pre-ECASLA Loan Limits(if applicable)* | | |
| 9000 | \$1,000 | | |
| Federal Work Study applied to tuition and fees (subject to matching reduction)* | | | |
| \$3,000 | | | |
| Revenue Adjustment | | | |
| Tuition and fees, and other institutional charges* | | | |
| \$15,000 | | | |
| Grant funds for the student from non-Federal public agencies or private sources independent of the institution* | | | |
| \$0 | | | |
| Funds provided for the student under a contractual arrangement with a Federal, State, or local government agency for the purpose of providing job training to low income individuals* | | | |
| \$0 | | | |
| Funds used by a student from savings plans for educational expenses established on or behalf of the student that qualify for special tax treatment under the Internal Revenue Code* | | | |
| \$0 | | | |
| Institutional scholarships disbursed to the student* | Total Funds Applied First* | Return of Title IV Revenue* | Total Adjusted Student Title IV Revenue (Numerator)* |
| \$1,000 | \$1,000 | \$3,000 | \$12,000 |

Denominator

| | | |
|---|-------------------------|---------------------------------|
| Student Non Title IV Revenue (90/10) | | |
| Student Payments* | Other External Funding* | Student Non - Title IV Revenue* |
| \$15,000 | \$0 | \$19,000 |
| Amount of Unsubsidized Loan Over the pre-ECASLA Loan Limits* | | |
| \$3,000 | | |
| Funds paid to the institution by, or on behalf of, students for education and training in qualified non - Title IV eligible programs* | | |
| \$1,000 | | |
| The Net Present Value (NPV) of institutional loans disbursed to students* | | |
| \$100,000 | | |
| Revenue from other Sources (Totals for the Fiscal Year)* | | |
| \$100,000 | | |
| Revenue Adjustment* | | |
| -\$201,000 | | |

USGAAP Numerator

Denominator

Previous
Cancel
Save And Next

12. Provide all required information on the *Balance Sheet* screen.
13. Click **Save And Next**.
14. IPM moves to **Financial Contact Information** on the Left Menu.
15. IPM displays the *Contact Information* screen for Financial Statement submission.

| Balance Sheet | | |
|---|-----------------|---------------|
| | *Required Field | |
| Accounts Receivable due from Management Employees-Unsecured:* | \$15,616 | |
| Accounts Receivable-Related Parties-Unsecured:* | \$65,165 | |
| Note(s) Receivable-Related Party-Unsecured:* | \$616 | |
| Other Receivables-Unsecured Related Party:* | \$6 | |
| Property, Plant, and Equipment, net (including capitalized lease assets and exclusive of CIP):* | \$16 | |
| Construction in Progress (CIP):* | \$65 | |
| Intangible assets, net of amortization (excluding goodwill):* | \$1 | |
| Goodwill:* | \$16 | |
| Total Assets per Balance Sheet or Statement of Financial Position:* | \$1 | |
| Long Term Line of Credit (including the short term portion):* | \$165 | |
| Long term Debt (including the short term portion):* | \$156 | |
| Capital Lease Obligations (including the short term portion):* | \$566 | |
| Post Employment and Retirement Benefits:* | \$61 | |
| Total Liabilities per Balance Sheet or Statement of Financial Position:* | \$1,616 | |
| Income Statement | | |
| Total Revenues:* | \$61,616.161 | |
| Total Expenses (pre-tax):* | \$894,981 | |
| Previous | Cancel | Save And Next |

16. Provide the contact information on the Contact Information screen.
17. Click **Save And Next**.
18. IPM moves to **CA Details** on the Left Menu.
19. IPM displays the *Annual FSCA Submission* screen.

Contact Information

*Required Field

Please let us know whom to contact with questions regarding this submission:

Title* **Other Title***

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

E-Mail Address* **Please re-enter your E-Mail Address***

Phone* **Ext** **Fax** **Ext**

Financial Statement Notes*

Previous
Cancel
Save And Next

20. Provide the required information on the *Annual FSCA Submission* screen.
21. Click **Save And Next**.
22. IPM displays the *Contact Information* screen for the Compliance Audit submission.
23. Provide the contact information on the *Contact Information* screen.
24. Click **Save And Next**.
25. IPM moves to **Upload Documents** on the Left Menu.
26. IPM displays the *Checklist And Upload* screen.

CheckList And Upload

Are the following items, if applicable, included in the attachment of your Financial Statement Submission?

- Independent Auditor's Report (This report must contain the Auditor's signature and date.)
- Statement of Financial Position
- Statement of Activities
- Cash Flows Statement
- Consolidated Statements
- Notes to Financial Statements
- Independent Auditor's Report on Compliance and on Internal Control Over Financial Statements Performed in Accordance with Government Auditing Standards.

Are the following items, if applicable, included in the attachment of your Compliance Audit Submission?

- Schedule of Expenditures of Federal Awards
- Report on Internal Controls (This report must contain the Auditor's signature and date.)
- Corrective Action Plan Schedule of Findings and Questioned Costs
- Summary Schedule of Prior Year Audit Findings Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control Over Compliance Financial Statements Performed in Accordance with OMB Circular A-133

Select the document you would like to upload:

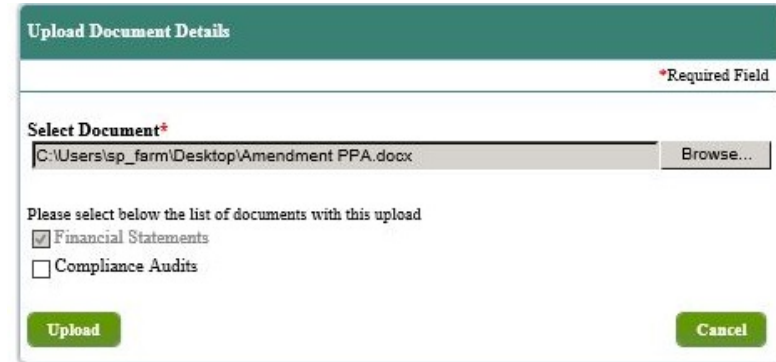
To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | Comments | Actions ? |
|----------------------|--|----------|----------------------|----------------------------|
| <input type="text"/> | | | <input type="text"/> | |
| 1 | Compliance Audits - Northeastern Seminary | | | Upload New |
| 2 | Financial Statements - Northeastern Seminary | | | Upload New |

Upload Other Documents

Previous
Cancel
Save And Next

- 27. Click **Upload New**.
- 28. IPM displays the *Upload Document Details* screen.
- 29. Choose the document file to be uploaded, and select the type of document to be uploaded.



- 30. Click **Upload**.
- 31. IPM adds the uploaded document to the *Checklist And Upload* table.
 - a. Optional: Click **Upload Other Documents** on the *Checklist And Upload* screen.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Choose the document file to be uploaded, and select the type of document to be uploaded, then click **Upload**.
 - d. IPM adds the uploaded document to the *Checklist And Update* table.



- 32. Click **Save And Next**.
- 33. IPM displays the *Submit* screen.

34. Click **Submit**.

35. IPM displays the *Submit* screen with a message indicating the Annual Submission was received on the date and time of the submission.



Section 9 Submit Financial Partners Eligibility Applications

The Guaranty Agency (GA) will provide the necessary information to sign-up a Lender or Lender Servicer. Once the information is submitted and validated by the system the Lender or Lender Servicer is given the user information necessary to log into the IPM system to complete their application and to sign the Organization Participation Agreement (OPA).

This section provides the steps taken by Financial Partners (Lenders and Lender Servicers) to complete the following applications:

- [Initial Lender's Application](#)
- [Withdrawal from Title IV](#)
- [Notify for Merger/Acquisition](#)

9.1 Submit Initial Lender’s Application

Each new Guaranty Agency (GA)/Lender affiliation requires an Initial Lender Application (LAP) to be completed and submitted. This process starts with the GA initiating the LAP on behalf of the Lender or the Portfolio Administrator initiating an application on behalf of the Lender/GA/ED Servicer or GA. The GA or the Portfolio Administrator accesses their IPM Partner Portal to initiate a LAP. Once the GA or the Portfolio Administrator submits their portion of the LAP, if the Lender or the Lender/GA/ED Servicer or GA currently does not exist in the IPM system, the system assigns this organization a unique Integrated Partner Identifier (IPI). Once the Team Lead has approved the GA’s submission, a notification goes out to the Lender’s Destination Point Administrator (DPA) to access IPM to complete and submit the LAP. Once the Team Lead has approved the Lender/GA/ED Servicer or GA’s application, a notification goes out to the DPA to inform them to access IPM to verify their information is accurate and complete

PARTNER TYPE: DOMESTIC

3.1.1 Guaranty Agency Initiates Lender Application

This section provides the step-by-step procedures that allow the GA User or Portfolio Administrator the ability to enter demographic information about a Lender or Lender/GA/ED Servicer or GA.

1. Navigate to **Eligibility Application** on the Top Menu.
2. Click **Initiate Lender Application**.
3. IPM displays the *Partner* screen.
4. Select an existing Lender on the *Partner* screen or click **Add New Partner**.
5. IPM moves to the **Initiation Information** on the Left Menu.
6. IPM displays the *GA Initiates Application* screen.
7. Provide the requested information on the *GA Initiates*

A GA User can initiate a request for a new Partner ID for a Lender by selecting Add New Partner.

Below is a list of lenders that have been saved to be completed later or a pending application exists for action by either the lender or the Department of Education. To edit, submit or view the initial request, click the Partner name link.

| Partner Name | City | State | Status | Date | Actions |
|---|-----------|--------------------------------|------------------|------------|--|
| Test | Test | Indiana | Lender Saved | 06/30/2016 | View Edit Delete |
| Skywalker Banking | Alderaan | Federated States of Micronesia | Lender Submitted | 07/25/2016 | View |
| Second Test | Nassau | New York | Lender Saved | 06/30/2016 | View Edit Delete |
| Prashanthi Lender Partner | City | Arkansas | Lender Submitted | 05/20/2016 | View |
| Prashanthi Lender Partner | City | Arkansas | Lender Submitted | 05/20/2016 | View |
| Prashanthi Lender May Sixteen | dasddsad | Virginia | Lender Submitted | 07/06/2016 | View |
| Prashanthi Lender May Sixteen | dasddsad | Virginia | Lender Submitted | 07/06/2016 | View |
| Prashanthi Lender May Sixteen | dasddsad | Virginia | Lender Submitted | 05/24/2016 | View |
| Prashanthi July Lender | jbjkhjk | Alabama | Lender Submitted | 07/08/2016 | View |
| Practice Lender again | Baltimore | Federated States of Micronesia | Lender Submitted | 07/26/2016 | View |

1 2 3 4 Page size: 10 32 items in 4 pages

[Add New Partner](#)

Application screen.

8. Click **Save and Next**.
9. IPM moves to **DPA Details** on the Left Menu.
10. IPM displays the *Partner's DPA* screen.
11. Provide all of the required information.
12. Select **Yes**.
- A copy of a Lender Agreement must be uploaded from the *Upload Documents* screen.
13. Click **Save and Next**.

14. IPM moves to **Upload and Submit** on the Left Menu.
15. IPM displays the *Upload Documents* screen, which includes the *Upload Documents Summary* table.
16. Click **Upload New**.
 - For detailed instructions regarding required documents, please read the text above the **Upload Other Documents** button.
17. IPM displays the *Upload Document Details* screen.
18. Choose the document file to be uploaded, and select the type of document to be uploaded.
19. Select **Yes** or **No** for the PII data question.
 - **Yes** must be selected if the document to be uploaded contains PII data.
20. Click **Upload**.
21. IPM adds the information to the *Upload Documents Summary* table.
22. Click **Submit**.

Upload Documents

You must upload the documents listed below in order to successfully submit your application. Please select the document type from the choices provided, search for your documents by choosing "Upload New" from the Actions column then "Browse", to upload each document.

Please make sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

Upload Other Documents ?

Upload Documents Summary

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type ^ | Document | URL | (PII) Data | Document Description | Document Name | Actions ? |
|---|---|----------|-----|------------|----------------------|---------------|--|
| 1 | GA Lender Agreement - Federal Student Aid | | | | | | Upload New |

Previous
Cancel
Submit

Upload Document Details ✕

*Required Field

Document Type

Other ▼

Does this Document contain PII data?*

Yes No

Check here if you will be providing the URL to where this document type is located on your institution's web site.

Select Document*

Browse...

Enter a description of the document

Upload
Cancel

- 23. IPM displays the *Application Complete* screen indicating successful submission of the application.
- 24. Click **View Form**. **OPTIONAL**
- 25. Print Lender Application **OPTIONAL**

Application Complete

Your application has been successfully submitted; please check back on your IPM Home Page for status on your application.

[Return to Homepage](#) [View Form](#)



The DPA's address does not need to be the same as the Lender's address; however, if they are different, provide both addresses.

3.1.2 Lender Submits Application

This section details the procedures needed to successfully submit a Lender application. The following screens will be presented once the Lender selects the Lender Application after logging into IPM:

1. Navigate to Eligibility Application.
2. Click **Submit Eligibility Application**.
3. IPM moves to **Application Purpose** on the Left Menu.
4. IPM displays the *Lender- Initial Certification* screen.
5. Select Initial on the *Lender- Initial Certification* screen.
6. By default, **Initial** is already selected.
7. Click **Save And Next**.
8. IPM moves to **Partner Profile** on the Left Menu.
9. IPM displays the *Partner Profile – Initial Certification* screen.
10. Provide the requested information on the *Partner Profile – Initial Certification* screen.
11. Information relevant to the Lender Application submission
12. Select **Yes** or **No** for the Trustee for Beneficial Holder question.
13. If **Yes** is selected, one of the two Interest Calculation Methods must be selected, and Trustee for Beneficial Holder information will need to be provided.

Lender- Initial Certification *Required Field

Tell us why you are submitting this application.*

[Application Purpose Definitions](#)

- Initial
- Recertification
- Reassignment
- Merger/Acquisitions
- Withdraw from Title IV
- Update Only

Cancel Save And Next

- Actual (365/366 Days)
- 365.25 Days

14. Click **Save and Next**.
15. IPM moves to **Officials** on the Left Menu.
16. IPM displays the *Officials – Initial Certification* screen.
17. Click **Add Official**.
18. IPM displays the *Officials Details* screen.
19. Provide the required information on the *Officials Details* screen.
20. Check the box **You must check here for eSign authority**.
21. Click **Update**.
22. IPM adds the information to the *Officials Summary* table.
23. Click **Save and Next**.
24. IPM moves to **DPA** on the Left Menu.
25. IPM displays the *DPA – Initial Certification* screen.
26. Provide the required information on the *DPA – Initial Certification* screen.

- Information relevant to the Lender Application submission

Partner Profile - Initial Certification *Required Field

Please provide the requested information below.

What is the application type?

What is the name of your organization? *

Select from the following list the choice that best describes your organization type.
 Select your organization type *

What is your 9-digit Taxpayer Identification Number (TIN) given to you by the Internal Revenue Service (IRS)? *

Provide the following information below about your organization's location.

Address 1 * Address 2

Country * State/Territory * City * Zip Code *

Enter this organization's website or home page address (if available).

Is this a Lender acting as a Trustee on behalf of a Beneficial Holder? ?
 Yes No

Choose your Interest Calculation Method below:
 Choose the interest calculation method that your organization uses. This rate will be used in calculating quarterly interest subsidies owned to your institution and reported to Federal Student Aid on the quarterly Lender's Interest and Special Allowance Request & Report.
 Actual (365/366 Days) 365.25 Days

Officials - Initial Certification

Please provide information about your Officials below.

Provide the following information about your organization's officers. All officer's will have authorization to eSign documents on behalf of your organization.

You currently have not provided information about your Officials. Please click the "Add" button below to add Officials.

27. Click **Save and Next**.
28. IPM moves to **Payment Information** on the Left Menu.
29. IPM displays the ***Payment Information – Initial Certification*** screen.
30. If the Bank Name and Bank Address are the same as the Name and Address provided in **Partner Profile**, check the box on the ***Payment Information – Initial Certification*** screen.
 - a. The Bank Name and Bank Address are automatically added to the relevant fields on the ***Payment Information – Initial Certification*** screen.
31. If the Bank Name or Bank Address is different, provide the correct information on ***the Payment Information – Initial Certification*** screen.
32. Provide the Bank Account Number and the Bank Routing Number.
33. Click **Save and Next**.
34. IPM moves to **Trustee For Beneficial Holder** on the Left Menu.
35. IPM displays the ***Trustee For Beneficial Holder – Initial Certification*** screen.
36. Provide the required information on the ***Trustee For***

| First Name | Last Name | Job Title | eSign Authority | Actions |
|------------|-----------|--------------------------|-------------------------------------|---|
| Chen | Stanley | CEO/President/Chancellor | <input checked="" type="checkbox"/> | Edit Delete |

Beneficial Holder – Initial Certification screen.

37. Click **Save and Next**.
38. IPM moves to **Lender Servicer Functions** on the Left Menu.
39. IPM displays the **Lender Servicer – Initial Certification** screen.
40. Click **Add**.
41. IPM displays the **Lender Servicer Details** screen.
42. Provide the requested information on the **Lender Servicer Details** screen.
43. Click **Update**.
44. IPM adds the information to the **Lender Servicer – Initial Certification Summary** table.
45. Click **Save and Next**.
46. IPM moves to **OPA Confirmation** on the Left Menu.
47. IPM displays the **OPA Confirmation-Initial Certification** screen.
48. Check the box **I Agree**, after having read the terms.
49. Click **Save and Next**.
50. IPM moves to **Upload Documents** on the Left Menu.
51. IPM displays the **Upload Documents – Initial Certification** screen that includes the **Upload Documents**

DPA - Initial Certification *Required Field

A Destination Point Administrator (DPA) is an individual representing the organization involved in the administration of Title IV student financial aid programs (such as a postsecondary institution, FFELP lender, FFELP guaranty agency of third-party servicer). The DPA is the only individual who can add users for your institution and request servicers for these users. Many institutions find that a single DPA is sufficient.

Primary DPA for this affiliation. ⓘ

| | | | | |
|----------------|--------------------|-----------|-------------------|---------------|
| Prefix* | First Name* | MI | Last Name* | Suffix |
| Chancellor ▾ | Tom | | Hemmings | |

| | |
|---------------------------|---|
| E-Mail Address* | Please re-enter your E-Mail Address* |
| jeffrey.dickson@ci-ss.com | jeffrey.dickson@ci-ss.com |

| | | | |
|-----------------|------------|--------------|------------|
| Phone* ⓘ | Ext | Fax ⓘ | Ext |
| (109) 281-9829 | | | |

| | |
|---------------------|------------------|
| Address 1* | Address 2 |
| 667 Washington blvd | |

| | | | | |
|-----------------|-------------------------|--------------|------------------|-----------|
| Country* | State/Territory* | City* | Zip Code* | +4 |
| United States ▾ | Maryland ▾ | Baltimore | 02983 | |

Previous
Cancel
Save And Next

Payment Information - Initial Certification *Required Field

Please provide your Bank information below. FSA will issue payments via Automated Clearing House (ACH).

Check here if Bank Name and Address below is the same as the Name and Address that you have provided on the Partner Profile Tab.

| | |
|-------------------|-----------------------------|
| Bank Name* | Bank Routing Number* |
| | |

| | |
|-----------------------------|--------------------------------------|
| Bank Account Number* | Re-enter Bank Account Number* |
| | |

| | |
|-------------------|------------------|
| Address 1* | Address 2 |
| | |

| | | | | |
|-----------------|-------------------------|--------------|------------------|-----------|
| Country* | State/Territory* | City* | Zip Code* | +4 |
| United States ▾ | -- Select -- ▾ | | | |

Previous
Cancel
Save and Next

Summary table.

52. Click **Upload New**.
53. IPM displays the *Upload Document Details* screen.
54. Choose the document file to be uploaded, and select the type of document to be uploaded.
55. Select **Yes** or **No** for the PII data question.
 - **Yes** must be selected if the document to be uploaded contains PII data.
56. Click **Upload**.
57. IPM adds the document information to the *Upload Documents Summary* table.
58. Click **Save And Next**.
59. IPM displays the *eSign and Submit* screen.
60. Click **eSign and Submit**.
61. IPM displays the *Application Complete* screen indicating successful submission of the application.
62. Click **View Form**.
 - Optional
63. Print Lender Application
 - Optional



The DPA's address does not need to be the same as the Lender's address; however, if they are different, provide both addresses.

Trustee For Beneficial Holder - Initial Certification *Required Field

Please provide the following information below about the Beneficial Holder.

Entity Name*

Address 1* **Address 2**

Country* **State/Territory*** **City*** **Zip Code*** **+4**

Phone* **Ext** **Fax** **Ext**

E-Mail Address*

Provide the contact name for the Beneficial Holder

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

Contact E-Mail Address*

Previous
Cancel
Save and Next

Lender Servicer - Initial Certification

To enable a Servicer to submit an interest and special allowance bill on your behalf, please provide information about your Servicer(s).

Add

| Servicer Name ^ | Servicer Identification Number (ID) | Servicer City | Servicer State | Function | Begin Date | End Date | Actions |
|---|-------------------------------------|---------------|----------------|-------------|------------|----------|------------------------|
| ACADEMIC FINANCIAL SERVICES ASSOCIATION | 70000600 | Baltimore | Maryland | Submit/View | 12/14/2016 | | Delete |

Previous
Cancel
Save and Next

Lender Servicer Details
✕

*Required Field

| | | |
|---|---|---|
| Servicer Name* ? <input style="width: 95%; border: 1px solid #ccc;" type="text" value="-- Select --"/> | Servicer Identification Number (ID) <input style="width: 95%; border: 1px solid #ccc;" type="text"/> | Function* <input style="width: 95%; border: 1px solid #ccc;" type="text" value="-- Select --"/> |
| Begin Date* <input style="width: 95%; border: 1px solid #ccc;" type="text" value="12/14/2016"/> | Servicer State* <input style="width: 95%; border: 1px solid #ccc;" type="text" value="-- Select --"/> | Servicer City* <input style="width: 95%; border: 1px solid #ccc;" type="text"/> |

Update
Cancel

OPA Confirmation - Initial Certification
✕

*Required Field

By agreeing and eSigning this Organization Participation Agreement (OPA), your organization agrees to submit data on the quarterly Lender Reporting System (LeRS) report to the U.S. Department of Education (the Department) and to receive information and data from the Department electronically.

As an Eligible Lender or Eligible Lender Trustee in the Federal Family Education Loan Program (FFELP) that submits the LeRS report electronically, your organization certifies that the data that your organization, or its agent or third-party servicer, will submit to the U.S. Department of Education, pursuant to this Agreement, is and will be correct to the best of your knowledge and belief. Your organization certifies that it conforms to the laws, regulations, and policies applicable to the FFELP. Your organization understands that all documents, files, accounts, and records supporting this data are subject to audit or review by the Secretary of Education or other authorized representatives of the United States Government (including representatives of any guaranty agency that provides the guarantees on loans included in data submitted electronically), and you agree to make all such documents, files, accounts, and records available to the Secretary of such authorized representatives without restriction.

Any person who knowingly and willfully submits a false statement to obtain payment may be prosecuted under Federal law, and if convicted, is subject to imprisonment for up to five years or a fine of up to \$20,000 or both. 18 U.S.C. 1001, 20 U.S.C. 1097(a). Any person who knowingly and willfully destroys or conceals any record(s) relating to the provision of assistance under Title IV of the Higher Education Act of 1965, as amended, or attempts to so destroy or conceal with intent to defraud the United States or to prevent the United States from enforcing any right obtained by subrogation under Part B of Title IV shall upon conviction thereof, be fined not more than \$20,000, or imprisoned not more than 2 years, or both, under the provisions of 20 U.S.C. 1097. In addition, any person knowingly who makes a false claim or causes a false claim to be presented, or knowingly makes a false statement to obtain payment of a claim, may be subject to civil penalty and damages under the False Claims Act.

This OPA terminates on September 30 of every even fiscal year unless extended by consent of both parties. Either party may terminate this OPA prior to that date by providing written notice of the termination to the other party no less than 30 calendar days prior to the effective date of the termination.

This OPA automatically terminates if the Lender or Eligible Lender Trustee merges or otherwise combines with another organization. In the event of a merger or new trustee relationship, the Lender or Eligible Lender Trustee must submit a new OPA to the Department at least 30 days prior to the event. A Lender or Eligible Lender Trustee that does not have an OPA in effect with the Department will not be authorized to exchange data with the Department electronically, which may delay the payment of funds by the Department.

If the OPA is executed by an Eligible Lender Trustee, it applies only to data submitted by the Lender Trustee or its agent in connection with loans made by the Lender Trustee under an OPA with the entities identified under the Trustee for Beneficial Holder section of this application.

As an Eligible Lender or Eligible Lender Trustee, you agree to the following, in order to maintain this OPA that authorized you to participate in the FFELP:

- Transmit documents to the Department via an ED-administered website.
- Provide and maintain, at your expense, all machines, and programs necessary to effectively and reliably transmit and receive data.
- Submit LeRS using File Transfer methodology or data entry in accordance with the Department's requirements and directions. Provide the Department with the name and address of the person legally responsible for the data transmissions.
- Certify the accuracy and completeness of the data electronically transmitted to the Department's Financial Management System (FMS).
- Accurately complete all steps under this OPA and promptly notify the Department of any changes to the information provided herein.

As part of this OPA, the Department agrees to the following:

- Allow web submission of LeRS data to the Department using File Transfer methodology or data entry.
- Acknowledge web submission by receipt that includes date and time of the transaction.
- Notify the Lender or its agent if it does not accept the substance of the received web data.

By checking "I Agree" below, your organization confirms that you have read and understand the above conditions of the OPA.

I Agree*

Previous
Cancel
Save and Next

Upload Documents - Initial Certification

You must upload the documents listed below in order to successfully submit your application. Please select the document type from the choices provided, search for your documents by choosing "Upload New" from the Actions column then "Browse", to upload each document. If you want to ensure a document that has recently been uploaded, then select "Reuse New". A list of the documents you have uploaded will then be displayed.


Please make sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

Note: Save and Next will be available after all mandatory documents in the grid below are uploaded.

[Upload Other Documents](#)

Upload Documents Summary

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | URL | (PII) Data | Document Description |
|---|---|---|----------------------|----------------------|----------------------|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 | Business Cases - Wigwam Lender | | | | |
| 2 | Financing Plan - Wigwam Lender | | | | |
| 3 | Financial Statements - Wigwam Lender | | | | |
| 4 | Agreement Between ELT and Beneficial Holder - Wigwam Lender | | | | |
| 5 | GA Lender Agreement - Federal Student Aid |  | | No | |

1 Page size: 10

< >

[Previous](#) [Cancel](#) [Save And Next](#)

Upload Document Details (X)

***Required Field**

Document Type
Other

Does this Document contain PII data?*
 Yes No

Check here if you will be providing the URL to where this document type is located on your institution's web site.

Select Document*
Browse...

Enter a description of the document

Upload Cancel

eSign and Submit - Initial Certification

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 institute provides false or misleading information, (a) the U.S. Department of Education may deny the organization request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and eligibility once it has been granted and (b) the subject to a fine of not more than \$20,000 or imprisonment of not more than 5 years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

eSignature of Hemmings, Tom

Name of eSignee
Tom Hemmings

Name of organization
Wigwam Lender

Date of eSignature
12/20/2016

Previous eSign and Submit Cancel

Application Complete

Your application has been successfully submitted; please check back on your IPM Home Page for status on your application.

If you would like to make any changes to the application please contact Financial Partner [email here](#).

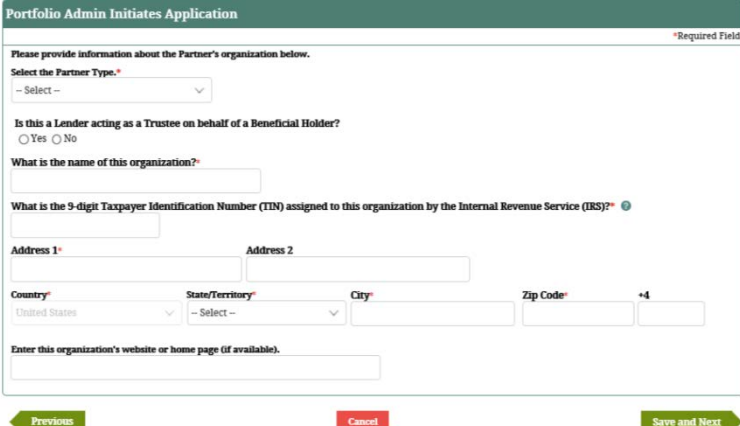
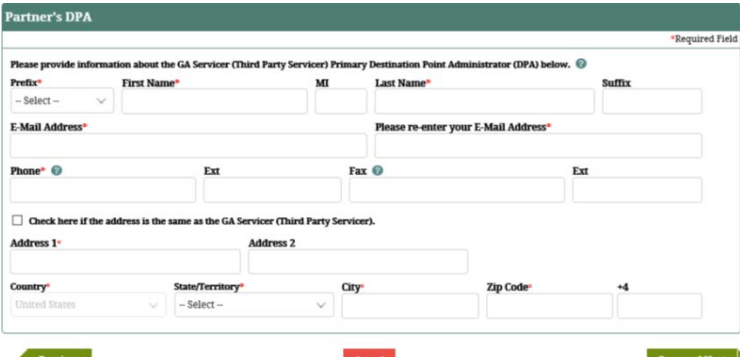
[Return to Homepage](#)

[View Form](#)

3.1.3 Portfolio Administrator Initiates Lender, Guaranty Agency, Guaranty Agency Servicer, or ED Servicer

A Portfolio Administrator can initiate a Lender, Lender Servicer, GA Servicer, ED Servicer and GA record. Those entities can access IPM directly to update their records as well. The Portfolio Administrator can initiate records as follows:

1. Navigate to and click **Eligibility Application** on the Top Menu.
2. IPM displays the *Portfolio Admin Initiates Application* screen.
3. Provide the requested information on the *Portfolio Admin Initiates Application* screen.
 - Information relevant to the Partner’s institution.
4. Click **Save and Next**.
5. IPM moves to the *Partner’s DPA* screen.
6. Provide the requested information.
 - Information relevant to the DPA.
7. Click **Save and Next**.
8. IPM moves to **Upload and Submit** on the Left Menu.
9. IPM displays the *Upload Documents* screen.

10. Click **Upload Other Documents**.
11. IPM displays the *Upload Document Details* screen.
12. Choose the document file to be uploaded, and select the type of document to be uploaded.
13. Select **Yes** or **No** for the PII data question.
 - **Yes** must be selected if the document to be uploaded contains PII data.
14. Click **Upload**.
15. IPM adds the information to the *Upload Documents Summary* table.
16. Click **Submit**.

Upload Documents

You must upload the documents listed below in order to successfully submit your application. Please select the document type from the choices provided, search for your documents by choosing "Upload New" from the Actions column then "Browse", to upload each document.

Please make sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

Upload Other Documents ?

Upload Documents Summary

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | URL | (PII) Data | Document Description | Document Name | Actions |
|---|---------------|----------|-----|------------|----------------------|---------------|---------|
| | | | | | | | |

No document type available for current application

Previous
Cancel
Submit

Upload Document Details
✕

*Required Field

Document Type

Other ▼

Does this Document contain PII data?*

Yes No

Check here if you will be providing the URL to where this document type is located on your institution's web site.

Select Document*

Browse...

Enter a description of the document

Upload
Cancel

17. IPM displays the *Application Complete* screen with a message indicating receipt of the Application submission, including the date and time of the submission.

18. Click **View Form**.

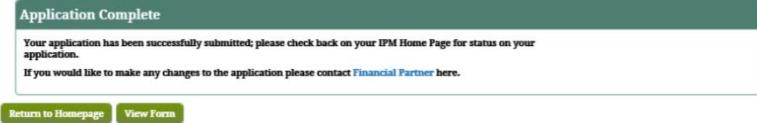
- Optional

19. Print Lender Application.

- Optional



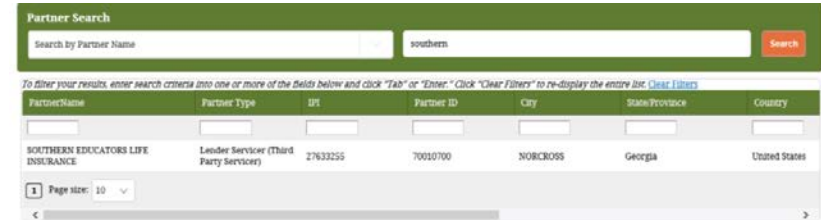
If the DPA's address differs from the Lender's address, provide both addresses.



3.1.4 Portfolio Administrator Edits Records

A Portfolio Administrator can add or update a Lender, Lender Servicer, GA Servicer, ED Servicer and GA record. Those entities can access IPM directly to update their records as well. The Portfolio Administrator can edit records as follows:

1. Navigate to **Manage Financial Partners** on the Top Menu and click **Update Partner**.
2. IPM displays the *Partner Search* screen.
3. Enter Partner name, then click **Search**.
4. IPM expands the *Partner Search* screen to include the *Partner Search* table.
5. Select the relevant Partner Name.
6. IPM moves to **Partner Profile** on the Left Menu.
7. IPM displays the *Partner Profile* screen.
8. Update any required information on the *Partner Profile* screen.
9. Click **Save and Next**.



Partner Profile *Required Field

Please update the information below as appropriate.

What is the application type?

Partner Name*

Partner Type Partner ID GA Code

9-digit Taxpayer Identification Number (TIN) given to you by the Internal Revenue Service (IRS)*

Phone* Ext Fax* Ext

Address 1* Address 2

Country* State/Territory* City* Zip Code*

Organization's website or home page address (if available)

Eligible* Fiscal Year End Closure Date

Closure Comment

10. IPM moves to **Officials** on the Left Menu.
11. IPM displays the *Officials* screen, which includes the *Officials Summary* table.
12. If applicable, click **Delete** to remove any existing official from the *Officials Summary* table.
13. Click **Edit** to edit an Official.
14. If applicable, click **Add Official**.
15. IPM displays the *Officials Details* screen.
16. Update any required information on the *Officials Details* screen.
17. Click **Update**.

Officials

Please provide information about your Officials below.
Provide the following information about your organization's officers. All officer's will have authorization to eSign documents on behalf of your organization.

Add Official

| First Name ^ | Last Name | Job Title | eSign Authority | Actions |
|--------------|-----------|------------------------------|-------------------------------------|---|
| Josh | Adelson | Chief Financial Aid Director | <input checked="" type="checkbox"/> | Edit Delete |

Previous
Cancel
Save and Next

Officials Details ✕

*Required Field

Job Title*
 -- Select --

Prefix* **First Name*** **MI** **Last Name*** **Suffix**
 -- Select --

E-Mail Address* *Please re-enter your E-Mail Address**

Address 1* **Address 2**

Country* **State/Territory*** **City*** **Zip Code*** **+4**
 United States -- Select --

Phone* **Ext** **Fax** **Ext**

You must check here for eSign authority.

Update
Cancel

18. IPM adds the information to the *Officials Summary* table.
19. Click **Save and Next**.
20. IPM moves to **DPA** on the Left Menu.
21. IPM displays the *DPA* screen.
22. Update any required information on the *DPA* screen.
23. Click **Save And Next**.
24. IPM moves to **Upload Documents** on the Left Menu.
25. IPM displays the *Upload Documents* screen, which includes the *Upload Documents Summary* table.

DPA

*Required Field

A Destination Point Administrator (DPA) is an individual representing the organization involved in the administration of Title IV student financial aid programs (such as a postsecondary institution, FFELP lender, FFELP guaranty agency of third-party servicer). The DPA is the only individual who can add users for your institution and request servicers for these users. Many institutions find that a single DPA is sufficient.

Primary DPA for this affiliation. ⓘ

Before clicking the "Change Primary DPA Contact" button, verify that the contact you are going to add as the new Primary DPA is an existing DPA included in the list of DPAs in the "User Management" tab section.

Change Primary DPA Contact ⓘ

Additional DPAs can be added in the "User Management" tab section after the Initial application has been submitted and accepted.

| | | | | |
|-------------------------------|-------------------------|---|-------------------|---------------|
| Prefix* | First Name* | MI | Last Name* | Suffix |
| -- Select -- | LYNDON | | GOODMAN | |
| E-Mail Address* | | Please re-enter your E-Mail Address* | | |
| 6492@ci-ss.com | | 6492@ci-ss.com | | |
| Phone* ⓘ | Ext | Fax* ⓘ | Ext | |
| (307) 772-9127 | | | | |
| Address 1* | | Address 2 | | |
| 1401 AIRPORT PARKWAY, STE 300 | | | | |
| Country* | State/Territory* | City* | Zip Code* | +4 |
| United States | Wyoming | CHEYENNE | 82001 | |

Previous

Cancel

Save And Next

26. If applicable, click **Delete** to remove previously uploaded documents.
27. Click **Upload Other Documents**.
 - For detailed instructions about required documents, please read the text above the **Upload Other Documents** button.
28. IPM displays the *Upload Document Details* screen.
29. Choose the document file to be uploaded and select the type of document to be uploaded.
30. Select **Yes** or **No** in response to the PII data question.
 - **Yes** must be selected if the document to be uploaded contains PII data.
31. Click **Upload**.
32. IPM adds the information to the *Upload Documents Summary* table.
33. Click **Save And Next**.

Upload Documents

You must upload the documents listed below in order to successfully submit your application. Please select the document type from the choices provided, search for your documents by choosing "Upload New" from the Actions column then "Browse", to upload each document. If you want to ensure a document that has recently been uploaded, then select "Reuse New". A list of the documents you have uploaded will then be displayed.

Please make sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

Note: Save and Next will be available after all mandatory documents in the grid below are uploaded.

[Upload Other Documents](#) ?

Upload Documents Summary

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | URL | (PII) Data | Document Description |
|---|---------------|----------|-----|------------|----------------------|
| | | | | | |

No document type available for current application

1 Page sizes: 10

Previous
Cancel
Save And Next

Upload Document Details (X)

*Required Field

Document Type
Other

Does this Document contain PII data?*
 Yes No

Check here if you will be providing the URL to where this document type is located on your institution's web site.

Select Document*
 [Browse...](#)

Enter a description of the document

[Upload](#) [Cancel](#)

- 34. IPM displays the *eSign and Submit* screen.
- 35. Select the eSignature check box to confirm the eSignature.
- 36. Click **eSign and Submit**.
- 37. IPM displays the *Application Complete* screen indicating successful submission of the application.
- 38. Click **View Form**.
 - Optional
- 39. Print Lender Application
 - Optional

eSign and Submit

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 institute provides false or misleading information, (a) the U.S. Department of Education may deny the organization request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and eligibility once it has been granted and (b) the subject to a fine of not more than \$20,000 or imprisonment of not more than 5 years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

eSignature of reddy, prashanthi

Name of eSignee
prashanthi reddy

Name of organization
HARLAN COUNTY BANK

Date of eSignature
12/28/2016

[Return to Homepage](#) [View Form](#)

Application Complete

Your application has been successfully submitted; please check back on your IPM Home Page for status on your application.

[Return to Homepage](#) [View Form](#)

3.1.5 Lender Edits Records

These screens will be presented once the Lender, Lender Servicer, Guarantor Servicer, ED Servicer or Guarantor logs into the IPM Partner’s Portal. The main screen will consist of pre-populated fields organized by tabs. This screen will be blank when the Portfolio Administrator has selected to add a new record. This screen will be pre-populated with the information of the appropriate entity selected by the Portfolio Administrator from the search result.

Lender Edits Records – Only for Domestic

1. Navigate to and click **Eligibility Application** on the Top Menu.
2. Click **Submit Eligibility Application**.
3. IPM displays the *Lender- Update* screen.
4. Select **Update Only**.
5. Click **Save And Next**.
6. IPM moves to **Partner Profile** on the Left Menu.
7. IPM displays the *Partner Profile-Update* screen.

The screenshot shows a web form titled "Lender- Update" with a green header. Below the header, there is a red asterisk and the text "*Required Field". The main content area contains the text "Tell us why you are submitting this application." followed by a red asterisk. Below this text is a blue hyperlink "Application Purpose Definitions". To the right of the text are five radio button options: "Initial", "Recertification", "Reassignment", "Merger/Acquisitions", and "Update Only". The "Update Only" option is selected. At the bottom of the form, there are two buttons: a red "Cancel" button and a green "Save And Next" button with a right-pointing arrow.

8. Update any required information on the **Partner Profile-Update** screen.
9. Select **Yes** or **No** for the question “Is this a Lender acting as a Trustee on behalf of a Beneficial Holder?”
 - a. If **Yes** is selected, one of the two Interest Calculation Methods must be selected.
 - Actual (365/366 Days)
 - 365.25 Days
10. Click **Save and Next**.
11. IPM moves to **Officials** on the Left Menu.
12. IPM displays the **Officials – Update** screen, which may or may not include an **Officials – Update Summary** table.
 - If applicable, click **Delete** to remove any existing official from the **Officials Summary** table.
13. Click **Edit** to edit an Official.
14. (OR) Click **Add Official**.
15. IPM displays the **Officials Details** screen.

Partner Profile - Update *Required Field

Please provide the requested information below.

What is the application type?
Update

What is the name of your organization?*

HARLAN COUNTY BANK

If you change your name(s) as a result of an Acquisition, you have to submit a Notify of an Acquisition. [click here](#)

Select from the following list the choice that best describes your organization type.

Select your organization type*

National Bank

What is your 9-digit Taxpayer Identification Number (TIN) given to you by the Internal Revenue Service (IRS)?*

470341421

Provide the following information below about your organization's location.

Address 1* Address 2

620 W MAIN PO BOX 140

Country* State/Territory* City* Zip Code* +4

United States Nebraska ALMA 68920 0000

Enter this organization's website or home page address (if available).

Is this a Lender acting as a Trustee on behalf of a Beneficial Holder?*

Yes No

Choose your Interest Calculation Method below:

Choose the interest calculation method that your organization uses. This rate will be used in calculating quarterly interest subsidies owned to your institution and reported to Federal Student Aid on the quarterly Lender's Interest and Special Allowance Request & Report.*

Actual (365/366 Days) 365.25 Days

Previous
Cancel
Save and Next

- 16. Update any required information on the *Officials Details* screen.
- 17. Click **Update**.
- 18. IPM adds the information to the Officials Summary table.
- 19. Click **Save and Next**.
- 20. IPM moves to **DPA** on the Left Menu.
- 21. IPM displays the *DPA – Update* screen.

Officials - Update

Please provide information about your Officials below.

Provide the following information about your organization's officers. All officer's will have authorization to eSign documents on behalf of your organization.

You currently have not provided information about your Officials. Please click the "Add" button below to add Officials.

Add Official

Previous **Cancel** **Save and Next**

Officials Details ✕

*Required Field

Job Title*
-- Select --

Prefix* **First Name*** **MI** **Last Name*** **Suffix**
-- Select --

E-Mail Address* *Please re-enter your E-Mail Address**

Address 1* **Address 2**

Country* **State/Territory*** **City*** **Zip Code*** **+4**
United States -- Select --

Phone* **Ext** **Fax** **Ext**

You must check here for eSign authority.

Update **Cancel**

22. Update any required information on the *DPA – Update* screen.
23. Click **Save And Next**.
24. IPM moves to **Payment Information** on the Left Menu.
25. IPM displays the *Payment Information – Update* screen.
26. Update any required information on the *Payment Information – Update* screen.
 - a. If the Bank Name and Bank Address are the same as the Name and Address provided in **Partner Profile**, check the box on the *Payment Information – Update* screen.
 - i. The Bank Name and Bank Address are automatically added to the relevant fields on the *Payment Information - Update* screen.
 - b. If the Bank Name or Bank Address is different, provide the correct information on the *Payment Information - Update* screen.
27. Provide the Bank Account Number and the Bank

Officials - Update

Please provide information about your Officials below.

Provide the following information about your organization's officers. All officer's will have authorization to eSign documents on behalf of your organization.

Add Official

| First Name ^ | Last Name | Job Title | eSign Authority | Actions |
|--------------|-----------|------------------------------|-------------------------------------|---|
| Josh | Adelson | Chief Financial Aid Director | <input checked="" type="checkbox"/> | Edit Delete |

Previous
Cancel
Save and Next

DPA - Update

*Required Field

A Destination Point Administrator (DPA) is an individual representing the organization involved in the administration of Title IV student financial aid programs (such as a postsecondary institution, FFELP lender, FFELP guaranty agency of third-party servicer). The DPA is the only individual who can add users for your institution and request servicers for these users. Many institutions find that a single DPA is sufficient.

Primary DPA for this affiliation. ⓘ

Before clicking the "Change Primary DPA Contact" button, verify that the contact you are going to add as the new Primary DPA is an existing DPA included in the list of DPAs in the "User Management" tab section.

Change Primary DPA Contact ⓘ

Additional DPAs can be added in the "User Management" tab section after the Initial application has been submitted and accepted.

Prefix* -- Select --

First Name*

MI

Last Name*

Suffix

E-Mail Address*

Phone* ⓘ **Ext** **Fax** ⓘ **Ext**

Address 1* **Address 2**

Country* United States **State/Territory*** -- Select -- **City*** **Zip Code*** **+4**

Please re-enter your E-Mail Address*

Previous
Cancel
Save And Next

Routing Number.

28. Click **Save and Next**.

29. IPM moves to **Trustee for Beneficial Holder** on the Left Menu.

30. IPM displays the *Trustee For Beneficial Holder - Update* screen.

31. Update any required information on the *Trustee For Beneficial Holder - Update* screen.

32. Click **Next**.

33. IPM moves to **Lender Servicer Functions** on the Left Menu.

34. IPM displays the *Lender Servicer – Update* screen.

35. Click **Add**.

36. IPM displays the *Lender Servicer Details* screen.

Payment Information - Update *Required Field

Please provide your Bank information below. FSA will issue payments via Automated Clearing House (ACH).

Check here if Bank Name and Address below is the same as the Name and Address that you have provided on the Partner Profile Tab.

| | | | | |
|--|--|----------------------|---------------------------|-------------------|
| Bank Name* HARLAN COUNTY BANK | Bank Routing Number* 104102493 | | | |
| Bank Account Number* 01012806 | Re-enter Bank Account Number* 01012806 | | | |
| Address 1* 620 W MAIN PO BOX 140 | Address 2 | | | |
| Country* United States | State/Territory* Nebraska | City* ALMA | Zip Code* 68920 | +4 0000 |

Previous
Cancel
Save and Next

Trustee For Beneficial Holder - Update *Required Field

Please provide the following information below about the Beneficial Holder.

Entity Name*

Address 1* **Address 2**

123 House

Country* **State/Territory*** **City*** **Zip Code*** **+4**

United States California Fresno 09283

Phone* **Ext** **Fax** **Ext**

(202) 930-2903

E-Mail Address*

jeffrey.dickson@ci-ss.com

Provide the contact name for the Beneficial Holder

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

Mrs. Susie Lang

Contact E-Mail Address*

jeffrey.dickson@ci-ss.com

Previous
Cancel
Next

37. Update any required information on the *Lender Servicer Details* screen.

- Information relevant to the Lender Servicer

38. Click **Update**.

39. IPM adds the information to the *Lender Servicer Summary* table.

40. Click **Save and Next**.

41. IPM moves to **OPA Confirmation** on the Left Menu.

42. IPM displays the *OPA Confirmation - Update* screen.

43. Check the box **I Agree**, after having read the terms.

44. Click **Save and Next**.

45. IPM moves to **Upload Documents** on the Left Menu.

46. IPM displays the *Upload Documents - Update* screen which includes the Upload Documents Summary table.

- Click **Delete** to remove previously uploaded

Lender Servicer - Update

To enable a Servicer to submit an interest and special allowance bill on your behalf, please provide information about your Servicer(s).

Add

| Servicer Name ^ | Servicer Identification Number (ID) | Servicer City | Servicer State | Function | Begin Date | End Date | Actions |
|-----------------------|-------------------------------------|---------------|----------------|----------|------------|----------|---------|
| No records to display | | | | | | | |

Previous **Cancel** **Save and Next**

Lender Servicer Details ✕

*Required Field

Servicer Name* ?

Servicer Identification Number (ID)

Function*

Begin Date* 📅

Servicer State*

Servicer City*

Update **Cancel**

documents.

47. Click **Upload Other Documents**.

- For detailed instructions about required documents, please read the text above the **Upload Other Documents** button.

48. IPM displays the *Upload Document Details* screen.

OPA Confirmation - Update *Required Field

By agreeing and eSigning this Organization Participation Agreement (OPA), your organization agrees to submit data on the quarterly Lender Reporting System (LaRS) report to the U.S. Department of Education (the Department) and to receive information and data from the Department electronically.

As an Eligible Lender or Eligible Lender Trustee in the Federal Family Education Loan Program (FFELP) that submits the LaRS report electronically, your organization certifies that the data that your organization, or its agent or third-party servicer, will submit to the U.S. Department of Education, pursuant to this Agreement, is and will be correct to the best of your knowledge and belief. Your organization certifies that it conforms to the laws, regulations, and policies applicable to the FFELP. Your organization understands that all documents, files, accounts, and records supporting this data are subject to audit or review by the Secretary of Education or other authorized representatives of the United States Government (including representatives of any guaranty agency that provides the guarantees on loans included in data submitted electronically), and you agree to make all such documents, files, accounts, and records available to the Secretary of such authorized representatives without restriction.

Any person who knowingly and willfully submits a false statement to obtain payment may be prosecuted under Federal law, and if convicted, is subject to imprisonment for up to five years or a fine of up to \$20,000 or both. 18 U.S.C. 1001, 20 U.S.C. 1097(a). Any person who knowingly and willfully destroys or conceals any records(s) relating to the provision of assistance under Title IV of the Higher Education Act of 1965, as amended, or attempts to so destroy or conceal with intent to defraud the United States or to prevent the United States from enforcing any right obtained by subrogation under Part B of Title IV, shall upon conviction thereof, be fined not more than \$20,000, or imprisoned not more than 3 years, or both, under the provisions of 20 U.S.C. 1087. In addition, any person knowingly who makes a false claim or causes a false claim to be presented, or knowingly makes a false statement to obtain payment of a claim, may be subject to civil penalty and damages under the False Claims Act.

This OPA terminates on September 30 of every even fiscal year unless extended by consent of both parties. Either party may terminate this OPA prior to that date by providing written notice of the termination to the other party no less than 30 calendar days prior to the effective date of the termination.

This OPA automatically terminates if the Lender or Eligible Lender Trustee merges or otherwise combines with another organization. In the event of a merger or new trustee relationship, the Lender or Eligible Lender Trustee must submit a new OPA to the Department at least 30 days prior to the event. A Lender or Eligible Lender Trustee that does not have an OPA in effect with the Department will not be authorized to exchange data with the Department electronically, which may delay the payment of funds by the Department.

If the OPA is executed by an Eligible Lender Trustee, it applies only to data submitted by the Lender Trustee or its agent in connection with loans made by the Lender Trustee under an OPA with the entities identified under the Trustee for Beneficial Holder section of this application.

As an Eligible Lender or Eligible Lender Trustee, you agree to the following, in order to maintain this OPA that authorized you to participate in the FFELP.

- Transmit documents to the Department via an ED-administered website.
- Provide and maintain, at your expense, all machines, and programs necessary to effectively and reliably transmit and receive data.
- Submit LaRS using File Transfer methodology or data entry in accordance with the Department's requirements and directions. Provide the Department with the name and address of the person legally responsible for the data transmissions.
- Certify the accuracy and completeness of the data electronically transmitted to the Department's Financial Management System (FMS).
- Accurately complete all steps under this OPA and promptly notify the Department of any changes to the information provided herein.

As part of this OPA, the Department agrees to the following:

- Allow web submission of LaRS data to the Department using File Transfer methodology or data entry.
- Acknowledge web submission by receipt that includes date and time of the transaction.
- Notify the Lender or its agent if it does not accept the substance of the received web data.

By checking "I Agree" below, your organization confirms that you have read and understand the above conditions of the OPA.

I Agree

Previous Cancel Save and Next

- 49. Choose the document file to be uploaded, and select the type of document to be uploaded.
- 50. Select **Yes** or **No** for the PII data question.
 - **Yes** must be selected if the document to be uploaded contains PII data.
- 51. Click **Upload**.
- 52. IPM adds the information to the *Upload Documents Summary* table.
- 53. Click **Save And Next**.
- 54. IPM displays the *eSign and Submit - Update* screen.
- 55. Check the **eSignature** box to confirm the eSignature.
- 56. Click **eSign and Submit**.

Upload Documents - Update

You must upload the documents listed below in order to successfully submit your application. Please select the document type from the choices provided, search for your documents by choosing "Upload New" from the Actions column then "Browse", to upload each document. If you want to ensure a document that has recently been uploaded, then select "Reuse New". A list of the documents you have uploaded will then be displayed.

Please make sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

Note: Save and Next will be available after all mandatory documents in the grid below are uploaded.

[Upload Other Documents](#)

Upload Documents Summary

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | URL | (PII) Data | Document Description |
|---|--|----------|-----|------------|----------------------|
| 1 | Financing Plan - HARLAN COUNTY BANK | | | | |
| 2 | Agreement Between ELT and Beneficial Holder - HARLAN COUNTY BANK | | | | |
| 3 | Business Cases - HARLAN COUNTY BANK | | | | |
| 4 | Financial Statements - HARLAN COUNTY BANK | | | | |

1 Page size: 10

[Previous](#) [Cancel](#) [Save And Next](#)

57. IPM displays the *Application Complete* screen indicating successful submission of the application.

58. Click **View Form**.

- Optional

59. Print Lender Application

- Optional

The screenshot shows a form titled "Upload Document Details" with a close button (X) in the top right corner. A red asterisk indicates a required field. The form contains the following elements:

- Document Type:** A dropdown menu with "Other" selected.
- Does this Document contain PII data?*** Radio buttons for "Yes" and "No", with "No" selected.
- Check here if you will be providing the URL to where this document type is located on your institution's web site.
- Select Document*** A text input field with a "Browse..." button to its right.
- Enter a description of the document** A large text area.
- Upload** and **Cancel** buttons at the bottom.

The screenshot shows a form titled "eSign and Submit - Update". It contains a certification statement and several input fields:

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 institute provides false or misleading information, (a) the U.S. Department of Education may deny the organization request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the subject to a fine of not more than \$20,000 or imprisonment of not more than 5 years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

- eSignature of reddy, prashanthi
- Name of eSignee:** prashanthi reddy
- Name of organization:** HARLAN COUNTY BANK
- Date of eSignature:** 12/28/2016

At the bottom, there are three buttons: **Previous**, **eSign and Submit**, and **Cancel**.

Application Complete

Your application has been successfully submitted; please check back on your IPM Home Page for status on your application.

[Return to Homepage](#)

[View Form](#)

3.2 Submit Withdrawal from Title IV and/or Financial Reporting

When a Lender or a Lender Servicer currently eligible and participating in Title IV FFEEL programs decides to withdraw from participation because of one of the following reasons: (1) No Portfolio, (2) Sold Portfolio, or (3) Other; the Lender or Lender Servicer submits a withdrawal application to notify Federal Student Aid of their withdrawal from Title IV Programs. This section documents the process of requesting to withdraw from Title IV programs. Federal Student Aid must approve this request.

PARTNER TYPE: DOMESTIC

1. IPM displays the *Lender- Merger* screen.
2. Select **Withdraw from Title IV** on the *Lender- Merger* screen.
3. Click **Save And Next**.
4. IPM moves to **Withdrawal from Title IV** on the Left Menu.
5. IPM displays the *Withdrawal From Title IV* screen.
6. Select the reason for Withdrawal.
 - **No Portfolio**
 - **Sold Portfolio**
 - **Other**
7. If **Other** is selected on the *Withdrawal From Title IV* screen, provide information pertinent to that selection in the **Comments** section on the screen.
8. Provide the **Date of Withdrawal**.

The screenshot shows a web form titled "Lender- Merger" with a green header. Below the header, there is a red asterisk and the text "*Required Field". The main content area contains the text "Tell us why you are submitting this application.*" followed by a blue link "Application Purpose Definitions". To the right of this text are five radio button options: "Initial", "Recertification", "Reassignment", "Merger/Acquisitions", and "Withdraw from Title IV" (which is selected), and "Update Only". At the bottom of the form, there are two buttons: a red "Cancel" button and a green "Save And Next" button with a right-pointing arrow.

9. Click **Save and Next**.
10. IPM moves to **eSign and Submit** on the Left Menu.
11. IPM displays the *eSign and Submit-Withdrawal From Title IV* screen.
 - Fields are pre-populated
12. Check **eSignature** on the *eSign and Submit-Withdrawal from Title IV* screen.
13. Click **eSign and Submit**.
14. IPM displays the *Application Complete* screen with a message indicating the application has been successfully submitted.
15. Click **View Form**.
 - Optional
16. Print Lender Application
 - Optional

Withdrawal From Title IV *Required Field

A lender cannot withdraw from Title IV if money is owed to FSA or if a compliance audit review is in progress.

What is the reason for Withdrawal from Title IV? Only a DPA with eSign Authority can submit the withdrawal.*

No Portfolio
 Sold Portfolio
 Other

Comments*

Date of Withdrawal*

[Previous](#) [Cancel](#) [Save and Next](#)

eSign and Submit - Withdrawal from Title IV

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 institute provides false or misleading information, (a) the U.S. Department of Education may deny the organization request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and eligibility once it has been granted and (b) the subject to a fine of not more than \$20,000 or imprisonment of not more than 5 years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

eSignature of sprint, test

Name of eSignee

Name of organization

Date of eSignature

[Previous](#) [eSign and Submit](#) [Cancel](#)

Application Complete

Your application has been successfully submitted; please check back on your IPM Home Page for status on your application.

[Return to Homepage](#) [View Form](#)

3.3 Submit Notification for Merger/Acquisition

Lenders or Lender Servicer Partner may acquire or merge with another Lender or Lender Servicer. For both mergers and acquisitions, the Lender or Lender Servicer Partner has to notify Federal Student Aid. The acquiring lender will be required to enter the following information:

- Effective Date
- LID/IPI will be used to represent the entity
- LID or IPI or Name of target lender

The Notification Merger-Acquisition feature will be available as long as the Lender or Lender Servicer Partner is deemed as Eligible in IPM system. The authorized official of the Lender or Lender Servicer with an eSign capability has the privilege to submit the application. This section provides the steps needed to complete the process for allowing a Lender to report an acquisition or merger.

PARTNER TYPE: DOMESTIC

1. Navigate to and click on **Eligibility Application** on the Top Menu.
2. IPM displays the *Lender- Merger* screen.
3. Select **Merger/Acquisitions** on the *Lender- Merger* screen.
4. Click **Save And Next**.
5. IPM moves to **Acquisition Application** on the Left Menu.
6. IPM displays the *Acquisition Application – Merger* screen.

Lender- Merger *Required Field

Tell us why you are submitting this application.*

[Application Purpose Definitions](#)

Initial

Recertification

Reassignment

Merger/Acquisitions

Withdraw from Title IV

Update Only

Cancel **Save And Next**

7. Provide the required information on the *Acquisition Application- Merger* screen.
8. Select the **Effective Date** of the transaction.
9. Select **Yes** or **No** to the question regarding the existing Partner ID.
 - a. If Yes is selected,
 - b. If No is selected,
10. Search by **LID** or by **Partner Name** to provide the names of the entity included in the acquisition.
11. Click **Save and Next**.
12. IPM moves to **Upload Documents** on the Left Menu.
13. IPM displays the *Upload Documents - Merger* screen and includes the *Upload Documents Summary* table.
 - Instructions about required documents is available in the text above the **Upload Other Documents** button.

14. Click **Upload Other Documents**.
15. IPM displays the *Upload Document Details* screen.
16. Choose the document file to be uploaded, and select the type of document to be uploaded.
17. Select **Yes** or **No** for the PII data question.
 - **Yes** must be selected if the document to be uploaded contains PII data.
18. Click **Upload**.
19. IPM adds the information to the *Upload Documents Summary* table.
20. Click **Save And Next**.

Upload Documents - Merger

You must upload the documents listed below in order to successfully submit your application. Please select the document type from the choices provided, search for your documents by choosing "Upload New" from the Actions column then "Browse", to upload each document. If you want to ensure a document that has recently been uploaded, then select "Reuse New". A list of the documents you have uploaded will then be displayed.

Please make sure to encrypt any documents containing Personally Identifiable Information (PII) data. If you are unable to encrypt PII data, please contact the School Participation Team.

Note: Save and Next will be available after all mandatory documents in the grid below are uploaded.

Upload Other Documents 2

Upload Documents Summary

To filter your results, enter search criteria into one or more of the fields below and click "Tab" or "Enter." Click "Clear Filters" to re-display the entire list. [Clear Filters](#)

| # | Document Type | Document | URL | (PII) Data | Document Description |
|---|---|----------|-----|------------|----------------------|
| | | | | | |
| 1 | Agreement Between ELT and Beneficial Holder - Lender Mon Organization | | | | |
| 2 | Business Cases - Lender Mon Organization | | | | |
| 3 | Financing Plan - Lender Mon Organization | | | | |
| 4 | Financial Statements - Lender Mon Organization | | | | |

1 Page size: 10

< >

Previous **Cancel** **Save And Next**

21. IPM displays the *eSign and Submit-Merger* screen.
22. Click **Submit**.
23. IPM displays the *Application Complete* screen indicating successful submission of the application.
24. Click **View Form**.
 - Optional
25. Print Lender Application
 - Optional

eSign and Submit - Merger

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 institute provides false or misleading information, (a) the U.S. Department of Education may deny the organization request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and eligibility once it has been granted and (b) the subject to a fine of not more than \$20,000 or imprisonment of not more than 5 years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

eSignature of reddy, prashanthi

Name of eSignee
Alex Poly

Name of organization
LOUISIANA CATHOLIC FEDERAL CREDIT UNION

Date of eSignature
12/20/2016

[Previous](#) [eSign and Submit](#) [Cancel](#)

Application Complete

Your application has been successfully submitted; please check back on your IPM Home Page for status on your application.

[Return to Homepage](#) [View Form](#)

Section 10. Other Submissions

Congress introduces legislation that provides FSA Partners and Lenders some form of regulatory relief from the normal eligibility compliance requirements in exchange for a more intensive and streamlined process focusing efforts in particular areas. Based on the current legislation, FSA requires the functionality to transfer the regulatory statutes into a comprehensive application that Partners will submit to see if they qualify for the relief. FSA will need the ability to create the application standards as well as review those applications to determine if the Partners are eligible for the special program.

10.1 Create Special Application Standards

Partners can apply to participate in special programs like new experiments and other programs that offer regulatory relief from specified student and/or institutional eligibility requirements. This section describes the process FSA Users will utilize to create the application for the Partners to complete in order to qualify for the special program.

1. Navigate to **Other Submissions** on the Top Menu, and select **Special Applications**.
2. Click **Create Special Program Application**.
3. IPM displays the *Create Special Program Application* screen.
4. In the *Name* field, select the type of Special Application.
5. Complete the requested information, including the *Contact Information*.
6. Upload any relevant documents.
 - Optional
 - a. Click **Upload**.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Select the file to be uploaded, then click **Upload**.
7. Click **Submit**.
8. IPM displays the *Special Program Applications Summary* screen that includes “Application Submitted Successfully”.
9. IPM adds the information to the *Special Program Application Summary* table.

Special Program Applications-Summary

Create Special Program Application

| Special Application Name | Special Application Description | Active | Actions |
|--------------------------|---------------------------------|--------|---------|
| No records to display | | | |

Save Submit Cancel

Create Special Program Application

Name* -- Select -- Location(s) Involved

Start Date End Date

Description

Contact Information

First Name* Middle Initial Last Name* E-Mail Address* Phone Number*

Upload

| Document Name | Description | Actions |
|-----------------------|-------------|---------|
| No records to display | | |

Save Submit Cancel

Upload Document Details
✕

*Required Field

Select Document*

Browse...

Description

Upload
Close

Special Program Applications-Summary

Application Submitted Successfully

Create Special Program Application

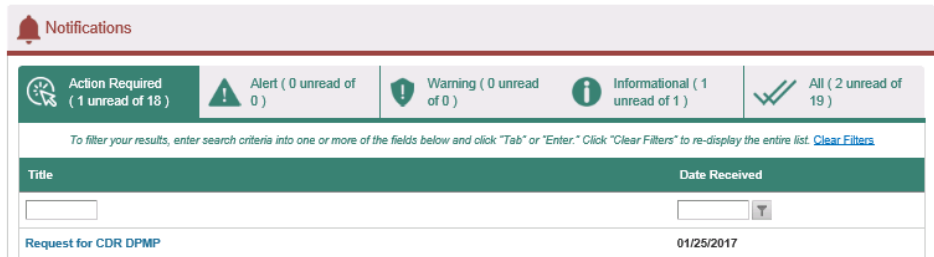
| Special Application Name | Special Application Description | Active | Actions |
|---|---|--------|---|
| Educational Quality Through Innovative Partnerships (EQUIP) | Provides flexibility for an institution to provide some types of Federal student aid under the title IV, HEA programs (title IV aid) to otherwise eligible students who are pursuing a program of study offered by the institution where 50 percent or more of the educational program is provided by one or more entities that are not traditionally eligible to participate in the title IV programs (non-traditional providers), through a contractual agreement with the participating institution. | Yes | View |

Save
Submit
Cancel

10.2 Partner Uploads DPM Plan Files

This section describes the functionality that a Default Prevention and Management Analyst Assistance (DPMAA) needs to review a school's Default Prevention and Management Plan (DPM Plan), after an Eligibility Analyst (EA) creates and forwards a work item, asking them to perform this activity. The process begins when the DPMAA opens the work item from their work queue and begins reviewing the school's DPM Plan (DPMP).

1. Select *Notification Summary* under Notifications from the Top Menu Items.
2. Click **Request for CDR DPMP** notification.
3. Click the link in the message text in the *Notification Details* screen.
4. IPM moves to *Partner Upload DPMP* screen.
5. Review all information.
6. Click **Upload Documents**.
7. IPM moves to *Upload Document Details* screen.
8. Select the document and click **Upload**.
9. IPM moves back to *Partner Upload DPMP* screen and adds the documents to the table.
10. Click **Save**.
11. Click **Send to FSA**.



Notification Details

*Required Field

Notification Title
Request for CDR DPMP

Message Text
The Official Cohort Default Rates were recently published for FY. Based on 's rates, the institution must provide a Default Prevention and Management Plan. Please see attached letter for specific details.
<http://ebc-v0e-vm/sites/IPM/SiteAssets/FSCA.aspx?=-DPMPPlanPartnerUpload&ipmsysid=1000109046&caseid=DB00014560&cdmId=248&fyear=2015&ns=1&NotifyID=9859>

This notification was previously opened by you on 11/22/2016 2:10:50 PM.

Document Name
[GenericLetterTemplate_213_11222016](#)

1 Page size: 10 1 items in 1 pages

Protection of Personally Identifiable Information

Response

Response *

Notification Response Sent By
neil.jhonson.fsa

Last updated by you on 1/25/2017 10:57:15 AM

Cancel

10.3 Partner Submits Zone Reporting Events

This process starts when a Zone Event Notification is received from a Partner. Since multiple event notifications may be received, each event notification is processed separately. The FA reviews the event notification submitted by the Partner and determines the event(s) disclosed. Each event notification may include several events and the system determines the activities required based on the event(s) selected by the FA. If the event is extremely serious, such as an Adverse Action or Bankruptcy, the case is referred to an Eligibility Analyst (EA). The presence of an Adverse Action or Bankruptcy event may preclude the need to process any other event(s).

1. Select *Zone Reporting* under FSCA from the Top Menu items.
2. IPM displays *Zone Reporting Event Submission*.
3. Select all the applicable event types.
4. Provide the date of events selected.
5. In the documents, table click **Upload New**.
6. IPM moves to *Upload Document Details* screen.
7. Select the document and click **Upload**.
8. IPM moves back to the *Zone Reporting Event Submission* screen and adds the document to the table.
9. Click **Save**.
10. Click **Submit**.



Zone Reporting Event Submission

*Required Field

| Select Events | Event Type | Date of Event |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | Adverse Action | <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> | Bankruptcy | <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> | Contingent Liability | <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> | Violation of Loan Agreement | <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> | Failure to Make Payment on Debt Obligations | <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> | Withdrawal of Owner's Equity/Net Assets | <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> | Current Operations and Future Plans | <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> | Extraordinary Losses | <input style="width: 80%;" type="text"/> |

Upload

| # | Document Type | Documents | Actions ? |
|---|---|-----------|---|
| 1 | Current Operations and Future Planning | | Upload New |
| 2 | Notice of Debt Obligations non Compliance | | Upload New |
| 3 | Declaration of Bankruptcy | | Upload New |
| 4 | Notice of Loan Agreement non Compliance | | Upload New |
| 5 | Institutions Reporting of Withdrawal of Owner's Equity/Net Assets | | Upload New |
| 6 | Notice of Extraordinary Losses Occurrence | | Upload New |
| 7 | Notice of Contigent Liability Occurrence | | Upload New |
| 8 | State Licensing | | Upload New |
| 9 | Accreditation Letter | | Upload New |

Save
Submit
Cancel

10.4 Partner Submits Appeal

This section describes the need for Partners and AAASG staff to submit Appeal Cases in IPM. This section also describes what is needed for Outside Offices to submit referrals to AAASG for possible adverse action. Outside Offices may include offices within Federal Student Aid or the Department of Education or other state or federal government entities.

1. After log in select **Submit Appeal/Referral** under *Other Submissions* from the top menu items.
2. Select **Type of Information** and click **Save**.
3. Select an *Appeal Type* and provide all required information.
4. Click **Upload** if additional documents are required.
5. IPM moves to *Upload Document Details* screen.
6. Select the document and click **Upload**.
7. IPM adds the document to the table.
8. Click **Save**.
9. Click **Submit**.

The screenshot displays the IPM user interface. At the top, the header includes the Federal Student Aid logo and the user's name, 'Welcome sanjana.sprint.fsa'. The navigation menu is located below the header, with 'Other Submissions' expanded to show 'Submit Appeal/Referral'. The main content area shows the 'Initiate Appeal / Referral' section, which contains a table with columns for Case Number, Appeal Type, Type Of Information, Submitted By, Submitted Date, and Actions. The table is currently empty, displaying 'No records to display'. Below the table, there is an 'External View' section with a 'Type of Information' dropdown menu and a 'Save' button.

External View

Type of Information* **Appeal Type***

Appeal -- Select --

| Partner Name | Partner ID | IPI | Group Indicator |
|---|------------|----------|-----------------|
| Metropolitan Institute for Training in Psychoanalytic Psychotherapy | 03404300 | 84599740 | No |

Title

Prefix* **First Name*** **MI** **Last Name*** **Suffix**

-- Select -- Sanjana Sprint

E-Mail Address* *Please re-enter your E-Mail Address**

Address 1* **Address 2**

Country* **State/Territory*** **City*** **Zip Code*** **+4**

United States -- Select --

Phone* **Ext** **Fax** **Ext**

| Document Name | Document Description | Actions |
|-----------------------|----------------------|---------|
| No records to display | | |

Comments

10.5 Log Submission of Request for Funds

This section allows the Partners, both Domestic and Foreign Schools, to submit a Request for Funds package requested from Federal Student Aid. This process starts when a Change Method of Payment package is received electronically by the Partner from Federal Student Aid and enters requested information to process this request. The Partner submits requested information back to FSA for review. The user will be able to perform the following when logging a Request for Funds package:

- Enter data elements related to the Request for Funds package
- Upload documents related to the Request for Funds package
- Route a Request for Funds package to a Payment Analyst

10.5.1 Domestic and Foreign Schools Automated 270 Form Submittal

1. Partner clicks **Add Award Year** and receives a screen to enter the *Award Year Details*.
2. Complete all requested information and click **Save**.
3. Click **Print** to print form screen.
4. Click **Send for eSign** to authorize automated 270 form.
5. Click **Save And Next** to save form and go to next screen.



All foreign schools except those with Method of Payment type HCMI-Extended Eligibility will complete this form.

Automated 270 Form

Add Award Year

| Loan Group | Award Year | Estimated Amount | Less Estimated Balance of Federal Cash on Hand | Disbursement Period Begin Date | Disbursement Period End Date | Comment | Total Cash Requested | Action |
|-----------------------|------------|------------------|--|--------------------------------|------------------------------|---------|----------------------|--------|
| No records to display | | | | | | | | |

Total Cash Requested in Submission: \$0.00

Certification

Print

| School Official | Name of School Official | Certification Date | Phone Number | Email Address |
|-----------------|-------------------------|--------------------|----------------|------------------|
| | Jockisch, Richard | | (505) 888-0020 | 138351@ci-ss.com |

CERTIFICATION WARNING:
Any person who knowingly provides false or misleading information on this certification will be subject to the following: a) \$250,000 fine per individual, b) \$500,000 fine (per organization), and/or c) imprisonment (up to five (5) years) under the provisions of the United States Criminal Code, Title 18, Section 1001

CERTIFICATION:
In accordance with the WARNING set out above I certify that, to the best of my knowledge and belief, all information in this document is accurate, all Title IV refunds, including Federal Direct Loan refunds, have been made as required by Federal regulations and have been returned to the appropriate Title IV program account, all credit balances have been paid, as required by Federal regulations (disbursed to students or returned to the appropriate Title IV account) and the institution has no Title IV funds available, or has reported all Title IV cash on hand on the appropriate Form 270 included with this submission. False certifications may also result in denial of payment to the institution of the funds requested.

Save And Next
Cancel

Award Year Details

Loan Group*
-- Select --

Award Year* -- Select -- **Estimated Amount*** **As Of***

Disbursement Period Begin Date* **Disbursement Period End Date***

Less Estimated Balance of Federal Cash on Hand*

Comments

10.5.2 eSign User Authorizes 270 Form

The eSign user has three options:

- 1) Review the page and authorize the form and click **Submit**
- 2) Delegate to another eSign User. When the **ESign** Checkbox is selected a list of **eSign** users appears.
- 3) Upload wet signature. When the **Delegated ESign** checkbox is selected, an **Upload** button appears.

Automated 270 Form

Add Award Year

| Loan Group | Award Year | Estimated Amount | Less Estimated Balance of Federal Cash on Hand | Disbursement Period Begin Date | Disbursement Period End Date | Comment | Total Cash Requested | Action |
|------------|------------|------------------|--|--------------------------------|------------------------------|----------|----------------------|---|
| TEACH | 2015-2016 | 500000 | 100000 | 1/1/2016 | 12/31/2016 | Comments | 400000 | Edit Delete |
| TEACH | 2016-2017 | 100000 | 10000 | 12/1/2016 | 12/29/2016 | | 90000 | Edit Delete |
| PELL | 2015-2016 | 200000 | 200000 | 1/1/2016 | 12/31/2016 | comments | 0 | Edit Delete |

Total Cash Requested in Submission: \$980,000.00

Signature

If the designated eSign authority is unavailable to sign the application and has designated the authority to sign the application to another institutional official, please indicate below that both the eSign is unavailable and the authority has been delegated, print a copy of the signature page, upload a signed copy together with a copy of the delegation of authority, and submit the application.
If the official designated to sign the application has chosen to provide a wet signature rather than an eSignature, please indicate below only that the eSign has chosen to provide a wet signature, print a copy of the signature page, upload a signed copy, and submit the application.

| eSign Role | Name | Email | ESign | Delegated ESign | Delegated Signature |
|----------------------------------|------|-------|--------------------------|---|--|
| ERESUMA_CINDA | | | <input type="checkbox"/> | <input type="checkbox"/> Will a wet signature be uploaded? | <input type="checkbox"/> Is this a delegated signature? |
| reddy.prashanthi | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> Will a wet signature be uploaded? | <input checked="" type="checkbox"/> Is this a delegated signature? |
| Official_Harish | | | <input type="checkbox"/> | <input type="checkbox"/> Will a wet signature be uploaded? | <input type="checkbox"/> Is this a delegated signature? |
| Thomas.Michael | | | <input type="checkbox"/> | <input type="checkbox"/> Will a wet signature be uploaded? | <input type="checkbox"/> Is this a delegated signature? |

1 Page size: 10 4 items in 1 pages

Click on the action link below to view and print the document(s) requiring signature or to upload the scanned version or just signature page with the wet signature.

| Document | Document Name | Actions |
|-------------------|----------------------|---|
| Addendum PPA | | View |
| Delegation Letter | eSign Signature.docx | View Delete |
| Wet Signature | Wet Signature.docx | View Delete |

[Save](#) [Submit](#)
[Cancel](#)

10.5.3 Domestic and Foreign Schools Student Disbursement Spreadsheet Submittal

1. Complete **Award Year**, **Student Disbursement Type**, and **Partner ID**.
2. Click **Add** to populate and **Print** the table.
3. Upload relevant documents if necessary.
4. If **Student Total is 100 or less** is **Yes** upload student files as follows:
 - a. Click **Upload**.
 - b. IPM displays the *Upload* screen.
 - c. Provide information and click **Upload**.
 - d. IPM displays the added information on the *Upload Student Files* table.
5. If this is not a first submittal click **Submit** to send the package. If this is a first submittal click **Save And Next** to go the screen.

Student Disbursement Spreadsheet

Award Year*

-- Select --

Student Disbursement Type*

-- Select --

COD Batch #*

Partner ID*

-- Select --

Add

List of Completed Spreadsheets per Award Year

Print

| Award Year | COD Batch # | Student Disbursement Type | Partner ID | Document Name | Actions |
|-----------------------|-------------|---------------------------|------------|---------------|---------|
| No records to display | | | | | |

Student Total is 100 or less?*

Yes No


Comments

Previous

Save And Next

Cancel

 *The Submit button will not appear until the eSign users have authorized the Automated 270 Form.*

 *All foreign schools except those with Method of Payment type HCM1-Extended Eligibility will complete this form.*

10.5.4 Foreign School Master Roster Submittal

1. Click **Upload** to load a document into the form. You will see a screen that says *Does this Document contain PII data?* Answer **Yes** or **No**.
2. Click **Browse** to select the document.
3. If this is not a first submittal click **Submit** to send the package. If this is a first submittal click **Save And Next** to go the next screen.



Only schools with Method of Payment type HCM1-Extended Eligibility will submit this form.

The screenshot shows a web interface titled "Master Roster". At the top, there are two buttons: "Upload" and "Print". Below these is a table with four columns: "Document Name", "Document Type", "Does this Document contain PII data?", and "Actions". The table is currently empty, with the text "No records to display" centered in the body. Below the table is a section labeled "Comments" with a text input field.

The screenshot shows a web interface titled "Upload Document". It features a sub-header "Upload Document Details" with a "*Required Field" indicator. The main content area contains a question "Does this Document contain PII data?" with two radio button options: "Yes" and "No". Below this is a text input field labeled "Select Document*" with a "Browse..." button to its right. At the bottom of the form, there are two buttons: "Upload" and "Close".

10.5.5 Domestic and Foreign Schools Upload Institutional Documents

1. Upload all relevant documents for each item.
 - a. Click **Upload**.
 - b. IPM displays the *Upload Document Details* screen.
 - c. Provide required information and select the document to be uploaded.
 - d. Click **Upload**.
2. Click **Submit**.

| Institutional Documentschh | | |
|---|----------------------------------|---------|
| Requested Information - | Requested Information Received - | Actions |
| Ability to Benefit (ATB) Test Used | | Upload |
| Academic Program Cost of Attendance/Budget | | Upload |
| Academic Program Information | | Upload |
| Attendance Policy | | Upload |
| Award Formulas for Title IV Academic Program | | Upload |
| COD File | | Upload |
| Consumer Information Handouts/Addendums | | Upload |
| Delegation Letter | | Upload |
| Financial Aid Director/Third Party Servicer Certification Statement | | Upload |
| Foreign School HCM1 Master Roster | | Upload |

1 2 3 Page size: 10 30 items in 3 pages

Previous Cancel Submit

Upload Document

Upload Document Details

*Required Field

Does this Document contain PII data?*

Yes No

Select Document*

Appendix A – User Login Process

The IPM System interfaces with the Access and Identity Management System (AIMS) for the purpose of creating new user accounts, updating user information, and deactivating users. Once a user clicks the Sign In link located at the top of the IPM *Home* screen, they can navigate through AIM Security pages as follows:

1. Read and *Privacy Act* and click the **Continue** located at the bottom of the screen.



2. Read the *Rules of Behavior* then select the check box to acknowledge completion of the training and click **Accept**.



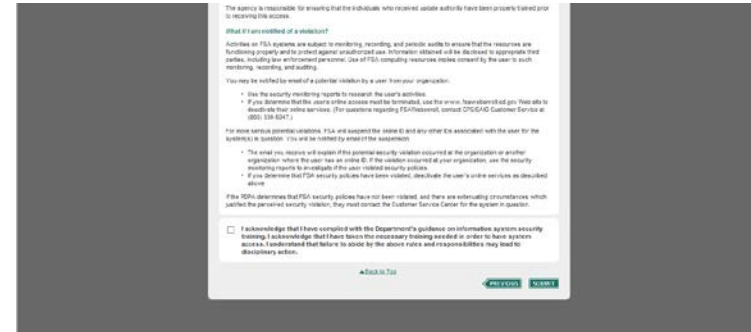
3. Click **Proceed to Training**. The system displays the *Security Training* pages.



4. Navigate through the Security pages by clicking **Next**, located at the bottom of the pages.



5. On the final page, click the check box to acknowledge completion of the Security Training.
6. Then, click **Submit**.
7. The system displays the *Training Completed* Page. Click **Proceed to Application**.
8. The system displays the [Pre-Eligibility Requirements](#) screen.



Appendix B – Debarment Process

A debarment check is performed on specific individuals or entities entered in the School Pre-Eligibility and Eligibility Application submitted by School Partner types and on users added in User Management. Two types of automated checks are performed by the system, an automated weak debarment check and an automated strong debarment check. In addition, the system provides space to record the results of a manual debarment check.

SAM.gov is used to perform the debarment checks. The Automated Weak Debarment Check involves the system checking the user's first and last name against SAM.gov. The Automated Strong Debarment Check involves the system checking the user's Social Security Number (SSN) against SAM.gov. The Manual Debarment Check involves a manual search of SAM.gov for other possible matches (performed on individuals without an SSN that fail the Automated Weak Debarment Check).

If an individual or entity is identified on SAM as an excluded party, then the individual or entity is restricted from doing business with Federal Student Aid.

1. IPM sends an email to the user that includes a link requesting that the user provide a Social Security Number.
2. Select the [link](#).
3. IPM displays the **User Profile and PII** screen.
4. On the **User Profile and PII** screen, review the information and select **Yes** or **No** in response to the questions provided.
5. If you do not have a SSN or a Pseudo SSN select **No** in response to the questions provided.
6. Click **Generate Pseudo SSN**.
7. IPM generates a Pseudo SSN and inserts the number into the *Pseudo SSN* field.
8. Click **Submit**.
9. IPM displays the **Overall Debarment Status** screen, review the information.
10. Click **Enter Results**.
11. IPM displays the **Enter Results** screen.

This notification is to inform you that your name has been submitted to the U.S. Department of Education, Federal Student Aid, as a Basic User at Univ del Salvador.

A routine check against the System for Award Management (SAM) website (www.SAM.gov) is required to ensure that you have not been excluded from participating in Federal Programs.

Please click this secure link to provide your Social Security Number so that we may complete this process.

https://testsaint.ed.gov/dpsp/siteassets/preeligibility.aspx?s=UserManagement&SN=2461_76&UID=56361&T=2CF0455CB7EE56CDE053905D3B0A187D

Protection of Personally Identifiable Information

User Profile and PII

Prefix: Brother First Name: sandeep MI: Last Name: Kanc Suffix:

E-Mail Address: sandeep.kadre@ci-ss.com Please re-enter your E-Mail Address: sandeep.kadre@ci-ss.com

Address 1: 3001 harrison street Address 2: Address 3:

Country: United States State/Territory: Texas County: Archer

City: bellmead Zip Code: 48478 +4

Phone: (571) 606-4013 Ext. Fax Ext.

Date of Birth: 01/01/1975

Do you have a U.S. Social Security Number?
 Yes No

Do you have a Pseudo SSN Number?
 Yes No

Pseudo SSN Number: [masked]

- Click the link to go to the sam.gov website.

12. On the *Enter Results* screen, select **Pass** or **Fail** from the list provided.

13. Click **Save**.

14. IPM displays the *Overall Debarment Status* screen, click **Complete Debarment Check**.

15. IPM displays the *Confirmation for Complete* screen with a message asking if you would like to complete the Debarment Check review.

16. Click **Yes**.

17. The *Status* screen appears with a message indicating that the Debarment Check was completed successfully.

| Overall Debarment Status | |
|---|-----------------------------|
| Automated Debarment Check Completed/Passed | Manual Debarment Check |
| Automated Debarment Check Date 12/28/2016 | Manual Debarment Check Date |
| Debarment Check Status Passed | |
| Debarment Check Status Date 12/28/2016 | |

| Debarment Check | | | | | | | |
|----------------------|------------------------------|-----------------------------|-------------------------------|---------------------|---------|---------------|-------------------------------|
| Name | Role | Automated Weak Check Status | Automated Strong Check Status | Manual Check Status | Cleared | Last Run Date | Actions |
| Reverend sai Kad | Chief Financial Aid Director | Pass | NA | | N | 12/28/2016 | Enter Results |
| Mr. sandeep kad | Chief Financial Officer | Pass | NA | | N | 12/28/2016 | Enter Results |
| Brother sandeep Kanc | Primary DPA | Pass | NA | | N | 12/28/2016 | Enter Results |
| Jntu | School | Pass | Pass | | N | 12/28/2016 | |

[Complete Debarment Check](#) [Go to sam.gov](#)

Enter Results

*Required Field

Name

Pass/Fail: Cleared

Note

Overall Debarment Status

Automated Debarment Check: Completed/Passed
 Manual Debarment Check: InProgress

Automated Debarment Check Date: 12/28/2016
 Manual Debarment Check Date: 12/28/2016

Debarment Check Status: Passed
 Debarment Check Status Date: 12/28/2016

Debarment Check

| Name | Role | Automated Weak Check Status | Automated Strong Check Status | Manual Check Status | Cleared | Last Run Date | Actions |
|----------------------|------------------------------|-----------------------------|-------------------------------|---------------------|---------|---------------|---------|
| Reverend tai Kad | Chief Financial Aid Director | Pass | NA | Pass | Y | 12/28/2016 | |
| Mr. sandeep kad | Chief Financial Officer | Pass | NA | Pass | Y | 12/28/2016 | |
| Brother sandeep Kane | Primary DPA | Pass | NA | Pass | Y | 12/28/2016 | |
| Jitu | School | Pass | Pass | | N | 12/28/2016 | |

[Complete Debarment Check](#) [Go to sam.gov](#)

Confirmation for Complete

Are you sure want to complete Debarment Check Review task?

Case Task Status

 **DUNS Approval task has been completed successfully.**
 Please [click here](#) to go to home.

Appendix C - Acronyms and Abbreviations

| Acronym | Definition |
|---------|---------------------------------------|
| AA | Application Administrator |
| AIMS | Access and Identity Management System |
| CIO | Change in Ownership |
| DDD | Detailed Design Document |
| DPA | Destination Point Administrator |
| DUNS | Data Universal Number System |
| FAD | Final Audit Determination |
| FFEL | Federal Family Education Loan |
| FSA | Federal Student Aid |
| IPI | Integrated Partner Identifier |
| IPM | Integrated Partner Management |
| SIC | Standard Industry Classification |
| SOC | Standard Occupational Code |
| SSN | Social Security Number |

Appendix D – Troubleshooting

[This section provides a list of common problems that the user may encounter when using the application. These problems may include error messages, starting up the system, what to do if the system hangs, erroneous results, etc. For each problem, a solution should be provided to allow the user to recover and resume use of the application.]

Appendix E – Technical Support

[This section provides a list of resources that can help the user better use the application. A list of technical support people or a help desk line should be included in addition to a website or other materials that provides answers to common questions.]