

Application to Participate in Federal Student Financial Aid Programs

Section A: General Questions

The Application to Participate in Federal Student Financial Aid Programs serves as the starting point for Partner’s Participation in FSA Programs as well as the method of Participation maintenance. The eligibility application landing page will allow Partner to do the following:

- Begin an Eligibility Application for the Purpose of:
 - o Initial Certification
 - o Recertification
 - o Reinstatement
 - o Structure Change and/or Change in Ownership
 - o Merging of OPEIDs with the same Ownership
 - o Designation of Eligible Nonparticipating Institution
 - o Update/Report Information

Question #	Text	Field Type	Automations	Visibility
	Tell us why you are submitting this application. Select one reason below.	Picklist, Multi-Select Picklist for Update Reason, Text Field for Reason: Other Initial Certification Recertification Reinstatement Structure Change and/or Change in Ownership Merging of OPEIDs with the same Ownership Designation as Eligible Nonparticipating Institution Update/Report Information (Multi-Select Picklist) <ul style="list-style-type: none"> Eligibility & Oversight Administrator Name Change Address Change – Main Change Phone/Fax Number/Email or Website Accrediting Agency State Authorizing Agency Official/Directors of Institution Financial Aid Director Officials/Directors of Ownership Entity Board of Directors Third-Party Servicer Additional Location Federal School Code Redesignation of Main Location Change Educational Measurement 		

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		<p>Increase Level of Offering of Educational Programs</p> <p>Degree Program</p> <p>Nondegree/Vocational Program</p> <p>Short-Term Training Program</p> <p>Comprehensive Transition and Postsecondary Program</p> <p>Add/Drop a Title IV, HEA Program (Pell, Direct Loan, SEOSG, TEACH Grant, etc)</p> <p>Voluntary Withdrawal from All Title IV Programs</p> <p>Foreign School – Postsecondary Legal Authorization</p> <p>Foreign School - Degree Authorization</p> <p>Foreign School- U.S. Administrative and/or Recruitment Offices</p> <p>Foreign School - Facility at Which You Provide Graduate Medical Instruction</p> <p>Foreign Graduate Medical School - Authorizing Entity</p> <p>Foreign Graduate Veterinary School - Approval of Authorizing Entity</p> <p>Foreign Graduate Medical School - Length of Program</p> <p>Foreign Graduate Medical School – Clinical Sites</p> <p>Foreign Schools Annual Medical Reporting</p> <p>Other Purpose: (text field available)</p>		
1.	What is the name of your institution?	Text	Autopopulated	
1a.	If the official name of your institution is in a language other than English, provide an equivalent English language translation of the official name of your institution.	Text	Autopopulated	Visible to Foreign Schools only
2.	Do you have another name such as a trade name or d/b/a name, under which you legally do business as a postsecondary educational institution?	Picklist (Yes, No)	Autopopulated	
	Enter Name:	Text	Autopopulated	Visible if above answer = yes
3.	Your 8-digit OPEID is:	Number, Read-only	Autopopulated	Visible only to existing institutions

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4.	Your Partner Connect ID is:	9 Digit Number, Read-only	Autopopulated	
5.	What is your 9-digit Employee Identification Number (EIN)/Taxpayer Identification Number (TIN) given to you by the Internal Revenue Service (IRS)?	Number	Autopopulated	
6.	What is your 12-digit Alpha-Numeric Unique Entity Identifier (UEI)?	Number	Autopopulated	
7.	What is the URL for your institution's website?	Website URL	Autopopulated	
8.	What was your most recently completed award year?	N/A	N/A	
	Beginning Date: 07/01/	Date (YYYY)	N/A	
	Ending Date: 06/30/	Date (YYYY)	N/A	
9.	What is your current award year?	N/A	N/A	
	Beginning Date: 07/01/	Date (YYYY)	N/A	
	Ending Date: 06/30/	Date (YYYY)	N/A	
	Additional Information	Text	N/A	

Question #	Text	Field Type	Automations	Visibility
	Before answering this question, please review the Guide to Structure Change and Change in Ownership - What You Need to Know	Display only		
1.	What is the reason for your Structure Change	Picklist: (multi-picklist)	N/A	Visible when

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	and/or Change in Ownership?	<p>CIO - Change in Control</p> <p>CIO - Without Change in Control</p> <p>CIO - This Main OPEID will become an additional location of another institution following a Change in Ownership</p> <p>CIO - Request to change Title IV Participation Designation (Public, Private Non-Profit, Proprietary)</p> <p>Other - The additional location(s) of this OPEID are being acquired by the owner of a different OPEID.</p> <p>Other - This OPEID is acquiring an additional location (former OPEID that closed)</p> <p>Other - This OPEID is acquiring an additional location (no former OPEID at this location)</p> <p>Other - This OPEID is acquiring the programs and/or platform from another OPEID with different ownership.</p> <p>Other - CIO inquiry</p> <p>Other (Text box for other)</p>		application purpose is Structure Changes and/or CIO
2.	Please provide a detailed written description of the structure change or change in ownership transaction you are requesting approval of and upload documentation to support this request.	Narrative Box and ability to upload documents.	N/A	Visible when application purpose is Structure Changes and/or CIO
3.	Change in Ownership Date	Date	N/A	Visible when application purpose is Structure Changes and/or CIO
4.	Are you submitting an application for a Pre-Acquisition Review?	Picklist (Yes/No)	N/A	Visible when application purpose is Structure Changes and/or CIO
5.	Are you requesting an Abbreviated Pre-Acquisition Review or Comprehensive Pre-Acquisition Review?	Radio Buttons: (Pre-Acquisition Review, Comprehensive Pre-Acquisition Review)	N/A	Visible when application purpose is Structure Changes and/or CIO
6.	Are you reporting an Excluded Change in Ownership?	Picklist (Yes/No)	N/A	Visible when application purpose is Structure Changes and/or CIO

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Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Question #	Text	Field Type	Automations	Visibility
	<p>You are requesting to merge one or more OPEIDs that share your ownership.</p> <p>If you are requesting to merge OPEIDs that do not share your ownership, the merging institution must first submit an application to report the Structure Change and/or Change in Ownership before you request to merge the institutions.</p>	N/A	N/A	Visible when if purpose = merging of OPEIDs with the same ownership structure
1.	What is the anticipated date of this merger?	date		Visible when if purpose = merging of OPEIDs with the same ownership structure

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2.	Provide the Main OPEID of the merging institution.	Number (lookup)	N/A	Visible when if purpose = merging of OPEIDs with the same ownership structure
Merger Adl. Location	Additional Location OPEIDs and Names	Text	Populates with data of approved locations	Visible when if purpose = merging of OPEIDs with the same ownership structure
3. Merger Adl. Location	Select each location that is merging into this institution's OPEID.	Checkbox for each location to select	N/A	Visible when if purpose = merging of OPEIDs with the same ownership structure
Table of Mergers	Enter an additional OPEID to merge additional locations with your institutions	N/A	N/A	N/A
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

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Question #	Text	Field Type	Automations	Visibility
1. Redesig. Adl Location Table	You are requesting to designate one of the additional locations of this OPEID as your Main Location. Select the location that you are designating as your new Main Location.	table of additional locations – with a checkbox for each additional location	N/A	Visible when application purpose = redesignation
	As a result of the requested Redesignation, this is the information about your new Main Location. Please confirm this information is correct. Select cancel if this is not the correct information.	N/A	N/A	Visible when application purpose = redesignation
	OPE ID, UEI, Location Name, Address		Populated from Location Table	Visible when application purpose = redesignation
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

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Section B: Accreditation and State Authorization

Question #	Text	Field Type	Automation	Visibility
Accrediting Agency Table	Identify your accrediting agencies Provide the following information for each agency that has the authority to accredit your institution's programs.	N/A	N/A	Not Visible to Foreign Schools
1.	Select your accrediting agency	Accrediting Agency Lookup	Autopopulated - at least 1 required	Not Visible to Foreign Schools
1a.	What year did your accrediting agency last accredit you?	Date (YYYY)	Autopopulated	Not Visible to Foreign Schools
1b	For how many years is this accreditation granted?	Number	Autopopulated	Not Visible to Foreign Schools
1c.	Check here if this is your Primary Accrerator	Checkbox	Autopopulated	Not Visible to Foreign Schools
1d.	Select if this agency accredits your whole institution	Checkbox	Autopopulated	Not Visible to Foreign Schools
1e.	Select if this agency accredits individual programs offered by your institution	Checkbox	Autopopulated	Not Visible to Foreign Schools
1f.	Has this accreditor issued a decision letter, placed the institution/location on probation, placed the institution/location on warning, placed the institution/location on show cause, issued a loss/withdrawal of accreditation notice, mandated a reporting requirement or issued any other notification of non-compliance of accrediting standards since your last application was submitted?	Picklist (Yes, No)	N/A	Not Visible to Foreign Schools
	Select action issued	Picklist, Multi-Select Picklist: Decision letter	N/A	Not Visible to Foreign Schools

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Question #	Text	Field Type	Automation	Visibility
	You must upload a copy of the notification/action issued by your accreditor.	Placed the institution/location on probation Placed the institution/location on warning Placed the institution/location on show cause Issued a loss/withdrawal of accreditation notice Mandated a reporting requirement Other notification of non-compliance of accrediting standards		Visible for Domestic Schools, when 1f. = yes
	Other notification of non-compliance of accrediting standards	Text		Visible if Selection Action issued = other adverse action
1g.	Provide the End Date of your Accreditation. Only provide an end date if you are no longer accredited by the agency that you have entered above. Please contact FSA if you are providing an end date for your primary accreditor.	Date	Autopopulated if previously entered	Not Visible to Foreign Schools, only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Text	N/A	Visible when End Date is more than 30 days in the future
State Authorizing Agency Table	Provide information for each state authorizing agency or entity that legally authorizes you as a postsecondary educational institution or exempts you from state authorization requirements as a religious institution.	N/A	N/A	Not Visible to Foreign Schools
2.	Select the State and 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.	N/A	N/A	

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Question #	Text	Field Type	Automation	Visibility
2a.	Select State	Picklist	Autopopulated	Not Visible to Foreign Schools
2b.	Select Agency	Lookup	Autopopulated	Not Visible to Foreign Schools
2c.	Has this state licensing or authorizing agency issued a loss/withdrawal of state authorization notice, mandated a reporting requirement, or issued a notification/action of non-compliance of State requirements since your last application was submitted?	Picklist (Yes, No)	N/A	Not Visible to Foreign Schools
	Select action issued You must upload a copy of the notification/action issued by your state licensing or authorizing agency.	Picklist, Multi-Select Picklist: Mandated a reporting requirement, Issued a loss/withdrawal of State recognition, Notification of non-compliance of State requirements, Other notification of non-compliance of authorization standards		Not Visible to Foreign Schools Visible to Domestic Schools when 2c. = yes
	Other notification of non-compliance of authorization standards	Text		Visible if Selection Action issued = other adverse action
2d.	Provide the End Date of your State Authorization. Only provide an end date if you are no longer authorized by the state agency or other entity that you entered above.	Date	Autopopulated if previously entered	Not Visible to Foreign Schools, only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Text	N/A	Visible when End Date is more than 30 days in the future
3.	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. 1801(a)(2), by an Indian	Picklist (Yes, No)	Autopopulated	Not Visible to Foreign Schools

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Question #	Text	Field Type	Automation	Visibility
	tribe?			
4.	Are you exempted from State authorization as a religious institution under the State constitution or by State law?	Picklist (Yes, No)	Autopopulated	Not Visible to Foreign Schools
5.	Does the state agency that authorizes you, or exempts you, have a process to review and appropriately act on complaints concerning the institution including enforcing applicable State laws?	Picklist (Yes, No)	Autopopulated	Not Visible to Foreign Schools
5a.	Name of the State agency that reviews and acts on complaints concerning the institution including enforcing applicable State laws.	Text	Autopopulated	Not Visible to Foreign Schools
	Additional Information- Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document	Checkbox	N/A	Visible when uploading a new file

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Question #	Text	Field Type	Automation	Visibility
	description below.			
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Section C: Structure, Ownership and Control

Question #	Text	Field Type	Automation	Visibility
1.	Since you were last certified to participate in Federal Student Financial Aid Programs has your institution changed, or is your institution expecting to change (Pre-Acquisition), its structure or ownership in a manner that resulted, or will result, in a change in ownership with a change of control?	Picklist (Yes, No)	Blank or Autopopulated depending on Application purpose	
	Your requested Title IV Participation Designation status is displayed. OR Your current Title IV Participation Designation status is displayed.	Text	Autopopulated	
2.	Check here if you are requesting to change your Title IV Participation Designation status.	Checkbox		
2a	Select your requested Title IV Participation Designation.	Picklist: For domestic: Public Private Non-Profit Proprietary For foreign: Foreign Public Foreign Private Non-Profit	Autopopulated	Required when 2. = checked

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		Foreign For-Profit		
Ownership Tree Table will display	Provide information for each entity or individual that directly or indirectly owns an interest in your institution. Starting with your Level 1 owner.	N/A	N/A	
3.	Are you entering a person owner or an entity owner? Select Person if you are adding an individual owner (sole proprietor) or a shareholder/member/partner.	Picklist - Select Person Entity	Autopopulated	
3a.	Select ownership type for this person owner from the choices below (select only one).	Picklist to: Sole proprietorship (Individual Owner) Shareholder/Member/Partner	Autopopulated	Visible when entering a person owner
3b.	Provide the information below for this owner. You must provide your home address, personal email, and personal telephone number.	N/A	N/A	
	Shareholder/Member/Partner of	Picklist of existing owners	Autopopulated	Visible when entering a person owner when Shareholder/Member/Partner is checked
	Percentage of Ownership	Percentage	Autopopulated	Visible when entering a person owner, except defaults to 100% if sole proprietorship is checked
	Percentage of Voting Rights You must upload a copy of all voting agreements.	Percentage	Autopopulated	Visible when entering a person owner
	Ownership Begin Date	Date	Autopopulated	Visible when entering a person owner
	Ownership End Date	Date	Autopopulated	Visible when editing a person owner

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	If this owner no longer has an ownership interest in the institution, enter the date the ownership ended.			
	Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer	Checkbox	Autopopulated	
	Select position.	Picklist: Chief Executive Officer - Name President/Chancellor - Name Chief Financial Officer - Name Financial Aid Director - Name Chief Information Officer - Name Chief Operating Officer - Name	Autopopulated	Visible when, "Check here is the same person as" = checked.
	Personal Information Provide full legal name	N/A	N/A	Visible when entering a person owner
	Prefix, First Name, Middle Name, Last Name, Suffix		Autopopulated	Visible when entering a person owner
	E-mail Address	Text	Autopopulated	Visible when entering a person owner
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering a person owner
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible when entering a person owner

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	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible when entering a person owner
	Provide the following information.	N/A	N/A	Visible when entering a person owner
	Home Address Street Address, City, State/Province, Country, ZIP/Postal Code	Text	Autopopulated	Visible when entering a person owner
	Personal E-mail Address	Email	Autopopulated	Visible when entering a person owner
	Personal Telephone Number (include Area Code)	Number	Autopopulated	Visible when USA is Chosen
	Personal International Telephone Number	Number	Autopopulated	Visible when Country Other than USA is Chosen
3c. Past Performance - Ownership	Has this owner or a member of the owner's family ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs?	Picklist (Yes, No)	Autopopulated	Visible when entering a new person owner
	Provide information for each institution that is or was owned.	School Search (Name, City, State)	Autopopulated	Visible when 3c. = yes
	If Institution was not found, enter institution name here	Text	N/A	Visible when 3c. = yes
	Provide the OPEID of the institution that is or was owned.	OPEID	Autopopulated	Visible when 3c. = yes

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	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 3c. = yes
	Provide Explanation	Text		Visible when 3c. = yes
3d. Past Performance - Ownership (TPS)	Has this owner or a member of the owner's family ever had any ownership of a Third-Party Servicer?	Picklist (Yes, No)	Autopopulated	Visible when entering a person owner
	Provide the name of the Third-Party Servicer that is or was owned	Text	Autopopulated	Visible when 3d. = yes
	If Third-Party Servicer was not found, enter Third Party Servicer here	Text	Autopopulated	Visible when Provide the name of the TPS that was owned = other
	Is there any liability currently owed to the Department that is related to conduct of the third-party servicer during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 3d. = yes
	Provide Explanation	Text		Visible when 3d. = yes
3e. Past Performance - Employment	Has this owner or a family member ever held a position at another institution?	Picklist (Yes, No)	Autopopulated	
	Provide information for each institution that this owner or a family member held a position at.	School Search (Name, City, State)	Autopopulated	Visible when 3e. = yes
	If Institution was not found, provide the name of the institution	Text	N/A	Visible when 3e. = yes
	Provide the OPEID of the Institution	OPEID	Autopopulated	Visible when 3e. = yes
	Date(s) position held.	Begin Date End Date	N/A	Visible when 3e. = yes

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	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership or position held?	Picklist (Yes, No)	Autopopulated	Visible when 3e. = yes
	Provide Explanation	Text		Visible when 3e. = yes
Ownership Tree Table	Provide the following information for each level of ownership (Entity)	N/A	N/A	
3a.	Select ownership type for this entity owner from the choices below (select only one).	<p>Picklist to:</p> <ul style="list-style-type: none"> Corporation (Publicly-traded) Corporation (closely held under provisions of state law) Corporation (for profit, not publicly-traded or closely held under provisions of state law) Corporation (for profit - Certified B) Corporation (nonprofit) Corporation (public benefit) Limited liability company (for profit) Limited liability company (nonprofit) Limited liability partnership (for profit) Limited liability partnership (nonprofit) Limited liability limited partnership (for profit) Limited liability limited partnership (nonprofit) General partnership (for profit) General partnership (nonprofit) Trust (Irrevocable) Trust (Irrevocable nonprofit) Trust (Revocable) Foreign Entity Other 	Autopopulated	Visible when entering an entity owner
	If you selected Publicly Traded Corporation above, provide the stock exchange trading symbol.	Text	Autopopulated	Visible when entering an entity owner when ownership type = Publicly Traded Corporation
	If you selected Trust (Irrevocable), Trust (Revocable), or Trust (Irrevocable nonprofit) Provide beneficiary (enter name of each person or entity)	Text	Autopopulated	Visible when entering an entity owner if Partner selected Trust (Irrevocable) or Trust (revocable), Optional if Trust

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				(Irrevocable nonprofit)
	If you selected Trust (Irrevocable), Trust (Revocable), or Trust (Irrevocable nonprofit) Provide Trustee (enter name of person or entity)	Text	Autopopulated	Visible when entering an entity owner if Partner selected Trust (Irrevocable) or Trust (revocable), Optional if Trust (Irrevocable nonprofit)
	What is your tax status?	Picklist: C Corporation S Corporation Other	Autopopulated	Visible when, ownership type = "Corporation (closely held under provisions of state law)" or "Corporation (for profit, not publicly-traded or closely held under provisions of state law)" or "Corporation (for profit - Certified B)"
	Identify the country in which this owner is incorporated/organized.	Picklist	Autopopulated	
	Date Incorporated/Organized: MM/DD/YYYY	Date	Autopopulated	Display when country is not USA
	Identify the state in which this owner is incorporated/Organized.	Picklist	Autopopulated	Display when country is USA
	Date Incorporated/Organized: MM/DD/YYYY	Date	Autopopulated	Display when country is USA
	Provide date of first financial activity: MM/DD/YYYY	Date	Autopopulated	

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3b.	Owner Of	Picklist of existing owners or add new owner	Autopopulated with owner selected	Visible when entering an entity
	Ownership Begin Date	Date	Autopopulated	Visible when entering an entity
	Ownership End Date	Date	Autopopulated	Visible when editing an entity
	Percentage of Ownership	Percentage	Autopopulated	Visible when entering an entity
	Percentage of Voting Rights You must upload a copy of all voting agreements.	Percentage	Autopopulated	Visible when entering an entity owner
	Name of Entity	Picklist of existing owners or add new owner	Autopopulated	Visible when entering an entity
	EIN/TIN	Number	Autopopulated	Visible when entering an entity owner
	UEI	Number	Autopopulated	Visible when entering an entity owner
	Provide the following information	N/A	N/A	Visible when entering an entity owner
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering an entity owner
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible when entering an entity owner
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is

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				Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible when entering an entity owner
3c. Past Performance - Ownership	Has this owner or related entity ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs?	Picklist (Yes, No)	Autopopulated	Visible when entering an entity owner
	Provide the name of each institution that is or was owned	School Search (Name, City, State)	Autopopulated	Visible when 3c. = Yes
	If Institution was not found, enter institution name here	Text	N/A	Visible when 3c. = Yes
	OPEID of Institution	OPEID	Autopopulated	Visible when 3c. = Yes
	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 3c. = Yes
	If yes, please provide explanation	Text	Autopopulated	Visible when 3c. = Yes
3d. Past Performance - Ownership (TPS)	Has this owner or a related entity ever had any ownership of a Third-Party Servicer?	Picklist (Yes, No)	Autopopulated	Visible when entering an entity owner
	Provide the name of the Third-Party Servicer that is or was owned	Text	Autopopulated	Visible when 3d. = yes
	If Third-Party Servicer was not found, enter	Text	Autopopulated	Visible when 3d. =

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	Third-Party Servicer here			yes
	Is there any liability currently owed to the Department that is related to conduct of the third-party servicer during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 3d. = yes
	If yes, please provide explanation	Text	Autopopulated	Visible when 3d. = yes
3e.	Identify the officials that serve in the following positions for this Entity owner -	N/A	N/A	N/A
Entity Officials Table	Select the role(s) this individual holds for this Entity Owner. Select all that apply.	Picklist (multipicklist) Chief Executive Officer President Chief Financial Officer Chief Operation Officer Other Executive Officer	Autopopulated	Visible when entering an Entity owner
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	Visible when entering an Entity official
	E-mail Address	Text	Autopopulated	Visible when entering an Entity official
	Street Address, City, State/Province, Country, ZIP/Postal Code	Picklist	Autopopulated	Visible when entering an Entity official
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible when entering an Entity official
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen

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	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible when entering an Entity official
	Provide the Home Address, Phone Number, and E-mail Address for this owner.	N/A	N/A	Visible when entering an Entity official
	Home Address Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering an Entity official
	Personal E-mail Address	Email	Autopopulated	Visible when entering an Entity official
	Personal Telephone Number (include Area Code)	Number	Autopopulated	Visible when USA is Chosen
	Personal International Telephone Number	Number	Autopopulated	Visible when Country Other than USA is Chosen
	Effective Date	Date	Autopopulated	Visible when entering an Entity official
	End Date	Date		Visible when editing an entity
3f. Past Performance - Ownership	Has this entity official or a member of the entity official's family ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs?	Picklist (Yes, No)	Autopopulated	Visible when entering an Entity official
	Provide the name of each institution that is or was owned	School Search (Name, City, State)	Autopopulated	Visible when 3f. = yes
	If Institution was not found, enter institution name here	Text	N/A	Visible when 3f. = yes

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	OPEID of Institution that is or was owned.	OPEID	Autopopulated	Visible when "3f. = yes
	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 3f. = yes
	If yes, please provide explanation	Text	Autopopulated	Visible when 3f. = yes
3g. Past Performance - Ownership (TPS)	Has this entity official or a member of the entity official's family ever had any ownership of a Third-Party Servicer?	Picklist (Yes, No)	Autopopulated	Visible when entering an Entity official
	Provide the name of the Third-Party Servicer that is or was owned	Search	Autopopulated	Visible when 3g. = yes
	If Third-Party Servicer was not found, enter Third Party Servicer name here	Text	N/A	Visible when 3g. = yes
	Is there any liability currently owed to the Department that is related to conduct of the third-party during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 3g. = yes
	If yes, please provide explanation	Text	Autopopulated	Visible when 3g. = yes
3h. Past Performance - Employment	Has this entity official or a family member ever held a position at another institution?	Picklist (Yes, No)	Autopopulated	Visible when entering an entity owner
	Provide information for each institution that this entity official or a family member held a position at.	School Search (Name, City, State)	Autopopulated	Visible when 3h. = yes
	If Institution was not found, enter institution name here	Text	N/A	Visible when 3h. = yes
	OPEID of Institution Provided	OPEID	Autopopulated	Visible when 3h. =

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				yes
	Date(s) position held.	Start Date End Date	N/A	Visible when 3h. = yes
	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership or position held?	Picklist (Yes, No)	Autopopulated	Visible when 3h. = yes
	If yes, please provide explanation	Text	Autopopulated	Visible when 3h. = yes
3i.	Provide the legal name and Business Street Address of the contact person (sometimes known as the "registered agent") within the state or foreign country where you are incorporated.	N/A	Autopopulated	Visible when entering an entity owner
	Prefix, First Name, Middle Name, Last Name, Suffix		Autopopulated	Visible when entering an entity official
	E-mail Address	Text	Autopopulated	Visible when entering an entity official
	Street Address, City, State/Province, Country, ZIP/Postal Code	Text	Autopopulated	Visible when entering an entity official
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible when entering an entity official
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible when entering an entity

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				official
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	

Section D: Officials of the Institution

The Partner will be able to enter multiple official entries with the following fields, they will also be able to edit existing official details.

Question #	Text	Field Type	Automations	Visibility
1.	<p>Provide information below about each official at your institution.</p> <p>You must identify individuals in the following roles : Chief Executive Officer; President/Chancellor; Chief Financial Officer, Financial Aid Director; Chief Information Officer; and Chief Operating Officer.</p>	N/A	N/A	N/A
Institution Officials Table	Select the role(s) that this individual performs at your institution.	Picklist (multi-select) Chief Executive Officer - Name President/Chancellor Chief Financial Officer- Name Financial Aid Director- Name Chief Information Officer- Name Chief Operating Officer- Name	Autopopulated	
	Check here if the identity of this person has not changed, but you need to change his or her name (for example, due to marriage or another reason). Provide the reason for the name change in the additional information box and the end of this section.	Checkbox		Visible when Partner edits the name field

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	If you need to add a new official, you must enter an end date for this official and select Edit Official to return to the officials table on the previous screen. Do not add a new person on this screen.			
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	
	E-mail Address	Text	Autopopulated	
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	
	Provide the following information for this Official.	N/A	N/A	
	Home Address Street Address, City, State/Province, Country, ZIP/Postal Code	Text	Autopopulated	
	Personal E-mail Address	Email	Autopopulated	
	Personal Telephone Number (include Area Code)	Number	Autopopulated	Visible when USA is Chosen
	Personal International Telephone Number	Number	Autopopulated	Visible when Country Other than USA is Chosen
	Role Effective Date	Date	Autopopulated	

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Once the User completes the above questions, an entry is added Institution Officials Table	Role End Date	Date	Autopopulated	only visible when editing
2. Institution Board of Trustees Table	Does this institution have a Board of Trustees or Board of Directors?	Picklist (Yes, No)	Autopopulated	
2a.	Provide information for each member of the Board of Trustees or the Board of Directors.	N/A	N/A	Visible when, "Does this entity have a Board of Trustees or Board of Directors?" = yes
	Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer	Checkbox	Autopopulated	
	Select position.	Picklist Chief Executive Officer - Name President/Chancellor - Name Chief Financial Officer - Name Financial Aid Director - Name Chief Information Officer - Name Chief Operating Officer - Name	Autopopulated	Visible when, "Check here is the same person as" = checked.
	Prefix, First Name, Middle Name, Last Name,		Autopopulated	

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	Suffix		or Picklist selection	
	Email Address	Email	Autopopulated or Picklist selection	Visible when entering a member of the Board of Trustees or Board of Directors
2b. Past Perform. - Owner	Has this Board member ever had any ownership of another institution that is now participating in or has ever participated in federal student financial aid programs?	Picklist (Yes, No)	Autopopulated	Visible when entering a member of the Board of Trustees or Board of Directors
	Provide the name of each institution that is or was owned	School Search (Name, City, State)	Autopopulated with production	Visible when 2b. = yes
	If Institution was not found, enter institution name here	Text	N/A	Visible when 2b. = yes
	OPEID of Institution Provided	OPEID	Autopopulated with Institution Selection or blank	Visible when 2b. = yes
	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 2b. = yes
	Provide Explanation	Text		Visible when 2b. = yes
2c. Past Perform. - Owner (TPS)	Has this Board member ever had any ownership of a Third-Party Servicer?	Picklist (Yes, No)	Autopopulated	Visible when entering a member of the Board of Trustees or Board of Directors
	Provide the name of the Third Party Servicer that	Account Lookup or Text	Autopopulated	Visible when 2c. =

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	is or was owned			yes
	If Third Party Servicer was not found, enter Third Party Servicer name here	Text	N/A	Visible when 2c. = yes
	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership?	Picklist (Yes, No)	Autopopulated	Visible when 2c. = yes
	Provide Explanation	Text		Visible when 2c. = yes
2d. Past Perform - Employ	Has this Board member ever held a position or ever served as a board member at another institution?	Picklist (Yes, No)	Autopopulated	Visible when entering a member of the Board of Trustees or Board of Directors
	Provide information for each institution that this Board member held a position at.	School Search (Name, City, State)		Visible when 2d. = yes
	If Institution was not found, enter institution name here	Text		Visible when 2d. = yes
	OPEID of Institution Provided	OPEID		Visible when 2d. = yes
	Date(s) position held.	Start Date End Date	N/A	Visible when 2d. = yes
	Is there any liability currently owed to the Department that is related to conduct of the institution during the period of ownership or position held?	Picklist (Yes, No)	Autopopulated	Visible when 2d. = yes
	Provide Explanation	Text		Visible when 2d. = yes
	Effective Date MM/DD/YYYY	Date	Autopopulated	
Once the User completes	End Date MM/DD/YYYY	Date	Autopopulated	only visible when editing

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the above questions, an entry is added Institution BOT Table				
3.	Who is the appropriate person to contact for further information about your board (for example, the board's recording secretary).	N/A	N/A	
	Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer	Checkbox	Autopopulated	
	Select position.	Picklist Chief Executive Officer - Name President/Chancellor - Name Chief Financial Officer - Name Financial Aid Director - Name Chief Information Officer - Name Chief Operating Officer - Name	Autopopulated	Visible when, "Check here is the same person as" = checked.
	Prefix, First Name, Middle Name, Last Name, Suffix		Autopopulated	Visible when entering a BOT
	E-mail Address	Text	Autopopulated	Visible when entering a BOT
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering a BOT
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when entering a BOT AND when USA is Chosen

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	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when entering a BOT And when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Optional
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when entering a BOT and when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when entering a BOT Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible when entering a BOT
	Effective Date MM/DD/YYYY	Date	Autopopulated	Visible when entering a BOT
	End Date MM/DD/YYYY	Date	Autopopulated	only visible when editing
	Additional Information Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.	Text	N/A	
Document	Document Upload Component	File Uploader	N/A	N/A

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Table				
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Section E: Eligibility & Oversight Admin

Question #	Text	Field Type	Automations	Visibility
	Identify your Eligibility and Oversight Administrator	Display Only		
1.	Who is your Eligibility and Oversight Administrator?	N/A	N/A	
	Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer	Checkbox	Autopopulated	
	Select position.	Picklist Chief Executive Officer	Autopopulated	Visible when, "Check here is the

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		President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer		same person as” = checked.
	Check here if the identity of this person has not changed, but you need to change his or her name (for example, due to marriage or other reason).	Checkbox		Visible when Partner edits the name field
	Prefix, First Name, Middle Name, Last Name, Suffix		Autopopulated	Visible when entering an EOA
	E-mail Address	Text	Autopopulated	Visible when entering an EOA
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering an EOA
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when entering an EOA when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when entering an EOA when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible when entering an EOA
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when entering an EOA when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when entering an EOA when Country Other than USA is Chosen

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	Fax Number Extension	Number	Autopopulated	Visible when entering an EOA
	End Date	Date	Autopopulated	only visible when editing
	Identify your alternate Eligibility and Oversight Administrator	Display Only		
2.	Who is your alternate Eligibility and Oversight Administrator?	N/A	N/A	
	Check here if this is the same person as your: Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer	Checkbox	Autopopulated	
	Select position.	Picklist Chief Executive Officer President/Chancellor Chief Financial Officer Financial Aid Director Chief Information Officer Chief Operating Officer	Autopopulated	Visible when, "Check here is the same person as" = checked.
	Check here if the identity of this person has not changed, but you need to change his or her name (for example, due to marriage or other reason)	Checkbox		
	Prefix, First Name, Middle Name, Last Name, Suffix		Autopopulated	
	E-mail Address	Text	Autopopulated	Visible when entering an EOA alternate
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering an EOA alternate

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	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible when entering an EOA alternate
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when entering an EOA alternate when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when entering an EOA alternate when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible when entering an EOA alternate
	End Date	Date	Autopopulated	only visible when editing
	Additional Information	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to	Visible when uploading a new file

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			be uploaded	
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Section F: Locations

Question #	Text	Field Type	Automations	Visibility
	Main Location Information: Institution Name OPEID Partner Connet ID	N/A	N/A	
	Institution Name	N/A	Autopopulated	
	OPEID	N/A	Pre-populated for existing institutions, not editable Will not be present for initial eligibility or additional to freestanding	
	Partner Connect ID	N/A	Pre-populated, not editable	
1.	Check here if you need to update the address of your main location and provide the following information.	checkbox		

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	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
2.	<p>Do students receive instruction at this physical location?</p> <p>“Select “yes” if students enrolled at your institution receive instruction at this physical location. Select “no” if this location is an administrative location where no students physically attend class or receive instruction.”</p>	Picklist (Yes, No)	Autopopulated	
	Federal School Code Name	Display Only		
3.	<p>The information listed above 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> <p>Enter the Federal School Code Name you would like displayed in the Federal School Code listing.</p>	Text	Autopopulated	
	Federal School Code	Number	Autopopulated	Only Visible when Application purpose is not initial, reinstatement, designated as eligible

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	FSC Contact	N/A	N/A	
	First Name, Last Name		Autopopulated	
	Email	Email	Autopopulated	
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when Country is USA
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when country is not USA
	Telephone Number Extension	Number	Autopopulated	
	You must provide information for any additional location (other than your main location) at which you offer or will offer 50% or more of an educational program.	N/A	N/A	
4.Additional Locations Table	Additional Location Name	Text	Autopopulated For existing Additional Locations	
	OPEID	N/A	Autopopulated	
	Partner Connect ID	N/A	Autopopulated	
	UEI	Text	Autopopulated	
	Provide the address for this Location	N/A	Autopopulated	
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
5.	Is this location a prison or jail?	Picklist (Yes, No)	Autopopulated	Visible to Domestic Schools,
6.	Effective Date	Date	Autopopulated	
	End Date	Date	Autopopulated	only visible when editing

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	End Date Reason	Picklist Location Closed Loss of State/Tribal/Federal Authorization Loss of Accreditation Voluntary Withdrawal Loss of Legal Authorization (Foreign School) Other	Autopopulated	
	If you selected "Other" from the list of End Date Reasons above, enter the reason here.	Text	Autopopulated	
7.	Do you want this location to have a Federal School Code?	Picklist (Yes, No)	N/A	Visible only when Partner is adding a new 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 Enter the Federal School Code Name you would like displayed in the Federal School Code listing.	N/A	N/A	Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code
	Federal School Code Name	Text	Autopopulated	Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code
	Federal School Code	Number	Autopopulated	Only visible to schools with a federal school code
	Do you wish to deactivate the FSC Code that is currently assigned to this location?	Checkbox	N/A	Only visible to schools with a federal school code
	FSC Contact	N/A	N/A	Visible when 7. = Yes OR when Additional Location

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				already exists and has a Federal School Code OR when Additional Location already exists and has a Federal School Code
	First Name	Name	Autopopulated	Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code
	Last Name	Name	Autopopulated	Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code
	Email	Email	Autopopulated	Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code
Once User has entered the above details , an	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when 7. = Yes OR when Additional Location already exists and

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entry will populated on Additional Locations Table				has a Federal School Code
	Telephone Number Extension	Number	Autopopulated	Visible when 7. = Yes OR when Additional Location already exists and has a Federal School Code
	<p>Additional information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text		Additional information
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when

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			uploading a new file
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Section G: Educational Programs

Question #	Text	Field Type	Automations	Visibility
1.	Check each box below that describes the educational program(s) you provide as of the date you submit this application, or that you will provide during the current award year. Provide information only on the program(s) that you wish to be eligible for federal student financial aid. (You may check more than one box.)	Each Field below will be a checkbox	Autopopulated if populated	Visible to Domestic Schools
1a.	<p>Associate Degree Programs</p> <p>An educational program of at least two years of postsecondary education in an academic or occupational field culminating in the receipt of an Associate Degree. Associate degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Associate of Arts (AA) - Associate of Applied Science (AAS) - Associate of Occupational Science (AOS) - Associate of Science (AS) 			Visible to Domestic Schools
1b.	<p>Bachelor's Degree Programs</p> <p>An educational program of at least four years of postsecondary education in an academic or occupational field culminating in the receipt of a Bachelor's Degree. Bachelor's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Bachelor of Arts (BA) - Bachelor of Science (BS) 			
1c.	<p>Master's Degree Programs</p> <p>An educational program of one or two years of</p>			Visible to Domestic

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	<p>postgraduate study in a graduate school or department culminating in the receipt of a Master's Degree. Master's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Master of Arts (MA) - Master of Science (MS) - Master of Social Work (MSW) - Master of Business Administration (MBA) 			Schools
1d.	<p>Doctoral Degree Programs</p> <p>An educational program of three or more years of postgraduate study for the completion of advanced graduate or professional studies in the humanities, the social sciences, the behavioral sciences, or the pure sciences beyond the master's level, culminating in the receipt of a research Doctoral Degree. Doctoral degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Doctor of Philosophy (PhD) - Doctor of Theology (ThD) - Doctor of Engineering (EngD) - Doctor of Education (EdD) 			
1e.	<p>Professional Degree Program</p> <p>An educational program culminating in receipt of a degree awarded by an institution to an entry-level professional in certain occupational fields. Although sometimes called doctoral degrees, professional degrees differ from research doctorates in that they do not include a required component of original research or a demonstration of expertise in a field beyond what is required to qualify for basic licensing examinations. Professional degrees may be awarded in such fields as:</p> <p>Chiropractic, dentistry, divinity/ministry, law, medicine, optometry, osteopathic medicine,</p>			Visible to Domestic Schools

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	pharmacy, podiatry, rabbinical and Talmudic studies, and veterinary medicine.			
1f.	<p>Graduate or Professional Non – Degree Programs</p> <p>An educational program above the baccalaureate level that leads to a non-degree certificate or other recognized educational credential,</p> <ul style="list-style-type: none"> - is at least 10 weeks, - provides at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction, and - prepares students for gainful employment in a recognized occupation 			
1g.	<p>Graduate Admission Programs</p> <p>An educational program that is acceptable for admission to a graduate or professional degree program, for which your institution awards a degree subject to review and approval by the Secretary.</p>			Visible to Domestic Schools
1h.	<p>Two-Year Transfer Program</p> <p>An educational program that is acceptable for full credit toward a Bachelor’s Degree AND for which a degree, certificate, diploma, or other educational credential is not awarded by your institution.</p>			
1i.	<p>Undergraduate Non-Degree Programs</p> <p>An educational program that:</p> <ul style="list-style-type: none"> - leads to a certificate or other recognized educational credential, - is at least 15 weeks, - provides at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction, and - prepares students for gainful employment in a recognized occupation 			Visible to Domestic Schools

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1j.	<p>Undergraduate Non-Degree Programs (Requires enrolling students to have an Associate's Degree or Higher)</p> <p>An educational program that:</p> <ul style="list-style-type: none"> - leads to a certificate or other recognized educational credential, - is at least 10 weeks, - provides at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction, - prepares students for gainful employment in a recognized occupation, - AND requires an enrolling regular student to have an associate's degree or higher 			
1k.	<p>Undergraduate Non-Degree (Short-Term) Programs</p> <p>An educational program that:</p> <ul style="list-style-type: none"> - leads to a certificate or other recognized educational credential, - is at least 10 weeks, - provides at least 300 but not more than 599 clock hours of instruction, - does not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, - has been provided for at least one year, - prepare students for gainful employment in a recognized occupation. 			Visible to Domestic Schools
1l.	<p>Postbaccalaureate Teacher Certification Program</p> <p>An educational program consisting of courses required by a state that are necessary to become a teacher in an elementary or secondary school in that state AND for which a degree, certificate, diploma,</p>			

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	or other educational credential is not awarded by your institution. <u>See</u> 34 C.F.R. 690.6.			
1m.	<p>Comprehensive Transition and Postsecondary Program</p> <p>A degree, certificate, nondegree, or noncertificate educational program designed to support students with intellectual disabilities seeking to prepare for gainful employment.</p>			Visible to Domestic Schools
1n.	<p>Does your institution have a flight program?</p> <p>An educational program for which the school must receive FAA Certification. This program must be included when reporting Program types above, and in the Educational Program Summary.</p>			Visible to Domestic Schools
	FAA 141 Certification Number	Number	Autopopulated	Domestic Only
	FAA Certificate Expiration Date	Date	Autopopulated	Domestic Only
1.	Check each box below that describes the educational program(s) you provide as of the date you submit this application, or that you will provide during the current award year. Provide information only on the program(s) that you wish to be eligible for federal student financial aid. (You may check more than one box.)	Each Field below will be a checkbox	Autopopulated if populated	Visible to Foreign Schools
1a.	<p>Associate Degree Programs</p> <p>An educational program of at least two years of academic study in an academic or occupational field culminating in the receipt of an Associate Degree. Associate degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Associate of Arts (AA) - Associate of Applied Science (AAS) 			Visible to Foreign Schools

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	<ul style="list-style-type: none"> - Associate of Occupational Science (AOS) - Associate of Science (AS) 			
1b.	<p>Bachelor's Degree Programs An educational program of at least four years of college-level work in an academic or occupational field culminating in the receipt of a Bachelor's Degree. Bachelor's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Bachelor of Arts (BA) - Bachelor of Science (BS) 			Visible to Foreign Schools
1c.	<p>Master's Degree Programs An educational program of one or two years of postgraduate study in a graduate school or department culminating in the receipt of a Master's Degree. Master's degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Master of Arts (MA) - Master of Science (MS) - Master of Social Work (MSW) 			Visible to Foreign Schools
1d.	<p>Doctoral Degree Programs An educational program of three or more years of postgraduate study for the completion of advanced graduate or professional studies in the humanities, the social sciences, the behavioral sciences, or the pure sciences beyond the master's level, culminating in the receipt of a research Doctoral Degree. Doctoral degrees include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - Doctor of Philosophy (PhD) - Doctor of Theology (ThD) - Doctor of Engineering (EngD) - Doctor of Education (EdD) 			Visible to Foreign Schools
1e.	<p>Professional Degree Program</p>			Visible to

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	<p>An educational program culminating in receipt of a degree awarded by an institution to an entry-level professional in certain occupational fields. Although sometimes called doctoral degrees, professional degrees differ from research doctorates in that they do not include a required component of original research or a demonstration of expertise in a field beyond what is required to qualify for basic licensing examinations. Professional degrees may be awarded in such fields as:</p> <p>Chiropractic, dentistry, divinity/ministry, law, medicine, optometry, osteopathic medicine, pharmacy, podiatry, rabbinical and Talmudic studies, and veterinary medicine.</p>			Foreign Schools
1f.	<p>Graduate or Professional Non-degree Programs</p> <p>An educational program above the baccalaureate level that</p> <ul style="list-style-type: none"> - leads to a non-degree certificate or other recognized educational credential, - is at least 10 weeks, - provides at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction, and - prepares students for gainful employment in a recognized occupation 			Visible to Foreign Schools
1g.	<p>Two Year Transfer Program</p> <p>An educational program that is acceptable for full credit toward a Bachelor's Degree AND for which a degree, certificate, diploma, or other educational credential is not awarded by your institution.</p>			Visible to Foreign Schools
1h.	<p>Undergraduate Non-Degree Programs that:</p> <ul style="list-style-type: none"> - Lead to a certificate or other recognized educational credential, - Prepare students for gainful employment in a recognized occupation, 			Visible to Foreign Schools

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	- Are at least (1) academic year in length			
2.	Provide information for each Associate Degree program for which you are requesting approval for federal student financial aid eligibility.	N/A	N/A	
	Name of Program	Text	Autopopulated	
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup	Autopopulated	
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text	Autopopulated	
	Date First Provided	Date	Autopopulated	
	Number of Weeks	Number	Autopopulated	
	Clock Hours (number of hours) of instruction	Number	Autopopulated	
	Number of Credit Hours	Number (XXX.XX)	Autopopulated	
	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter	Autopopulated	
	How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student progress is measured, in whole or in part, in the program using direct assessment. If you check "direct assessment," you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the	Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment		

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	program.”			
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education.	Percentage	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible	Corporation Name, if Applicable	Text	Autopopulated	Visible if “...Do

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Contract Table				you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPEID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible	Did this ineligible institution or entity withdraw from participating in federal student financial aid	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a

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Contract Table	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?			written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or an executive officer			
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
3. Educational Program Details Table	Provide information for each Bachelor's Degree program for which you are requesting approval for federal student financial aid eligibility.			
	Name of Program	Text		

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	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter		
	How is this program delivered? (<i>Check all that apply</i>). You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”	Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment		
	Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?	Picklist (Yes, No)	Autopopulated	Domestic and Foreign

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	You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.			
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education.	Percentage	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written

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Table				agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
4. Educational Program Details Table	Provide information for each Master's Degree program for which you are requesting approval for federal student financial aid eligibility.			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code	Text		
	Institutions must enter at least 1 and may enter up			

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	to 10 SOC codes for each program.			
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter		
	<p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p>		
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign

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Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education.	Percentage	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." =

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				yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." =

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				yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
5. Educational Program Details Table	Provide information for each Doctoral Degree program for which you are requesting approval for federal student financial aid eligibility.			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	Picklist Semester Trimester		

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		Quarter		
	<p>How is this program delivered?</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p>		
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education.	Percentage	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract	Provide the name of each ineligible institution or entity that you contract with to provide any portion	N/A	N/A	Visible if “...Do you have a

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Table	of this program.			written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible	Does any owner, person, or related entity of your	Picklist, Yes/No	Autopopulated	Visible if "...Do

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Contract Table	institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?			you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing

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	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
6. Educational Program Details Table	Provide information for each Professional Degree program for which you are requesting approval for federal student financial aid eligibility.			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter		
	How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student progress is measured, in whole or in part, in the program using direct assessment. If you check "direct assessment," you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your	Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment		

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	accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”			
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education.	Percentage	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” =

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				yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." =

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				yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
7. Educationl Program Details Table	Provide information for each Graduate or Professional Non-Degree program for which you are requesting approval for federal student financial aid.			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code	Text		

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	Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.			
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter		
	<p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p>		
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign

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	from your accrediting agency and State authorizing agency.			
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education.	Percentage	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes

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				institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." =

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				yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
8. Educational Program Details Table	Provide information for each Graduate Admission program for which you are requesting approval for federal student financial aid eligibility.	11		
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter		
	How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student	Multi-select Picklist Classroom Distance Education Correspondence		

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	<p>progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Independent Study Direct Assessment</p>		
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p>	<p>Picklist (Yes, No)</p>	<p>Autopopulated</p>	<p>Domestic and Foreign</p>
<p>Ineligible Contract Table</p>	<p>Provide the percentage of the program provided by the entity or ineligible institution of higher education.</p>	<p>Percentage</p>	<p>Autopopulated</p>	<p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p>
<p>Ineligible Contract Table</p>	<p>Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.</p>	<p>N/A</p>	<p>N/A</p>	<p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p>

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Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do

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Table				you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
9. Educational Program Details Table	Provide information for each Two-Year Transfer program for which you are requesting approval for federal student aid eligibility.			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code	Lookup		

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	(searchable)			
	<p>Standard Occupational Classification (SOC) Code</p> <p>Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.</p>	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	<p>Picklist</p> <p>Semester</p> <p>Trimester</p> <p>Quarter</p>		
	<p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p>		
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign

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	with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.			
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education.	Percentage	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a

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				written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written

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				agreement...with an ineligible institution ..." = yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
10. Educational Program Details Table	Provide information for each Undergraduate Non-Degree program for which you are requesting approval for federal student financial aid eligibility.			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		

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	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter		
	Is each course within the program acceptable for full credit toward your associate or higher degree?	Picklist (Yes/No)	Autopopulated	Visible to Domestic Schools Only
	How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student progress is measured, in whole or in part, in the program using direct assessment. If you check "direct assessment," you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program."	Multi-select Picklist Classroom Distance Education Correspondence Independent Study Direct Assessment	M	
	Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program? You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.	Picklist (Yes, No)	Autopopulated	Domestic and Foreign
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher	Percentage	Autopopulated	Visible if "...Do you have a

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	education.			written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes

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Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes

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Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
11. Educational Program Details Table	Provide information for each Undergraduate (Short-Term) Non-Degree program for which you are requesting approval for federal student financial aid eligibility.			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Maximum number of clock hours authorized by the state licensing agency	Number		
	Provide the completion rate and the placement rate for your most recently completed award year. Help Text: The regulations regarding the calculation of completion and placement rates	N/A	N/A	Visible for Domestic Only

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	can be found at 34 C.F.R. § 668.8(f) and 34 C.F.R. § 668.8(g).			
	Completion Rate	Percentage	Autopopulated	Visible for Domestic Only
	Placement Rate	Percentage	Autopopulated	Visible for Domestic Only
	<p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p>		Visible for Domestic Only
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher	Percentage	Autopopulated	Visible if “...Do you have a

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	education?			written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid	Visible if “...Do you have a

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			address	written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes
Once the user completes above questions, an entry	Contract End Date	Date		only visible when editing

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will be added to the Educational Program Details Table for that degree program				
	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
12. Educational Program Details Table	Provide information for each Postbaccalaureate Teacher Certification program that you would like to be eligible for federal student financial aid. -			
	Name of Program	Text		
	Classification of Instructional Programs (CIP) Code (searchable)	Lookup		
	Standard Occupational Classification (SOC) Code Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	Picklist Semester Trimester Quarter		
	How is this program delivered? (<i>Check all that apply</i>). You must select "direct assessment" if student	Multi-select Picklist Classroom Distance Education Correspondence		

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	<p>progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Independent Study Direct Assessment</p>		
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.</p>	<p>Picklist (Yes, No)</p>	<p>Autopopulated</p>	<p>Domestic and Foreign</p>
<p>Ineligible Contract Table</p>	<p>Provide the percentage of the program provided by the entity or ineligible institution of higher education?</p>	<p>Percentage</p>	<p>Autopopulated</p>	<p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p>
<p>Ineligible Contract Table</p>	<p>Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.</p>	<p>N/A</p>	<p>N/A</p>	<p>Visible if “...Do you have a written agreement...with an ineligible institution ...” = yes</p>

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Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do

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Table				you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future

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<p>13. Educational Program Details Table</p>	<p>Provide information for each Comprehensive Transition and Postsecondary Program for which you are requesting approval for federal student financial aid eligibility.</p> <p>An institution that offers a comprehensive transition and postsecondary program must apply to the Secretary to have the program determined to be an eligible program. The institution applies under the provisions in 34 CFR 600.20 for adding an educational program, and must include in its application:</p> <p>(a) A detailed description of the comprehensive transition and postsecondary program that addresses all of the components of the program, as defined in 34 CFR 668.231;</p> <p>(b) The institution's policy for determining whether a student enrolled in the program is making satisfactory academic progress;</p> <p>(c) The number of weeks of instructional time and the number of semester or quarter credit hours or clock hours in the program, including the equivalent credit or clock hours associated with noncredit or reduced credit courses or activities;</p> <p>(d) A description of the educational credential offered (<i>e.g.</i>, degree or certificate) or identified outcome or outcomes established by the institution for all students enrolled in the program;</p> <p>(e) A copy of the letter or notice sent to the institution's accrediting agency informing the agency of its comprehensive transition and postsecondary program. The letter or notice must include a description of the items in paragraphs (a) through (d) above and any other information the Secretary may require.</p>			
	<p>Name of Program</p>	<p>Text</p>		
	<p>Classification of Instructional Programs (CIP) Code</p>	<p>Lookup</p>		

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	(searchable)			
	<p>Standard Occupational Classification (SOC) Code</p> <p>Institutions must enter at least 1 and may enter up to 10 SOC codes for each program.</p>	Text		
	Date First Provided	Date		
	Number of Weeks	Number		
	Clock Hours (number of hours) of instruction	Number		
	Number of Credit Hours	Number		
	Type of Credit Hours (select one)	<p>Picklist</p> <p>Semester</p> <p>Trimester</p> <p>Quarter</p>		
	<p>How is this program delivered? (<i>Check all that apply</i>).</p> <p>You must select “direct assessment” if student progress is measured, in whole or in part, in the program using direct assessment. If you check “direct assessment,” you must upload documentation that explains how a student's progress is measured in the program and documentation you have received from your accrediting agency indicating that it has evaluated and approved the program and your method of measuring student progress in the program.”</p>	<p>Multi-select Picklist</p> <p>Classroom</p> <p>Distance Education</p> <p>Correspondence</p> <p>Independent Study</p> <p>Direct Assessment</p>		Visible to Domestic Schools Only
	<p>Do you have a written agreement or contract with an ineligible institution of higher education or entity to provide any portion of this program?</p> <p>You must upload a copy of any contract or written agreement</p>	Picklist (Yes, No)	Autopopulated	Domestic and Foreign

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	with any entity or ineligible institution of higher education that provides any portion of this program and, for domestic institutions, provide a copy of the approval for the arrangement from your accrediting agency and State authorizing agency.			
Ineligible Contract Table	Provide the percentage of the program provided by the entity or ineligible institution of higher education?	Percentage	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Provide the name of each ineligible institution or entity that you contract with to provide any portion of this program.	N/A	N/A	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Name of ineligible institution or entity	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Corporation Name, if Applicable	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Former OPE ID number of the ineligible institution, if applicable	Number	Autopopulated	Visible if "...Do you have a

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				written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated or opeid address	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Does any owner, person, or related entity of your institution own or control any portion or serve as a director or as an executive officer of this ineligible institution or entity?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	What is the name of this owner, person, or entity?	Text	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Did this ineligible institution or entity 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?	Picklist, Yes/No	Autopopulated	Visible if "...Do you have a written agreement...with an ineligible institution ..." = yes
Ineligible Contract Table	Contract Effective Date	Date		Visible if "...Do you have a

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				written agreement...with an ineligible institution ...” = yes
Once the user completes above questions, an entry will be added to the Educational Program Details Table for that degree program	Contract End Date	Date		only visible when editing
	Program End Date	Date		only visible when editing
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution’s Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a

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				new file
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Section H: Additional Factors & Details

Question #	Text	Field Type	Automation	Visibility
1.	Are any of your programs offered in whole or in part by distance education?	Picklist (Yes/No)	Autopopulated	
2.	Are any of your programs offered in whole or in part by correspondence?	Picklist (Yes/No)	Autopopulated	
	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.	N/A	N/A	
2a.	For the most recently completed award year, were more than 50% of your courses taught by means of correspondence? (See C.F.R. 600.7 and 668.38)	Picklist (Yes/No)	Autopopulated	
2b.	For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses? (See C.F.R. 600.7 and 668.38)	Picklist (Yes/No)	Autopopulated	
3.	For the most recently completed award year, were more than 50% of your regular students ability-to-benefit students? (See 34 C.F.R. 600.7 and 668.32(e)(2-3,5))	Picklist (Yes/No)	Autopopulated	
4.	For the most recently completed award year, were more than 25% of your regular students incarcerated? (See 34 C.F.R. 600.7)	Picklist (Yes/No)	Autopopulated	
5.	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	Autopopulated	Visible when Application Purpose = Initial or Designated as Eligible

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6.	How many full-time equivalent (FTE) financial aid staff members do you have?	N/A	N/A	
6a.	Administrative, counselors, or other professionals	Number	N/A	Visible when if application purpose = Initial, Reinstatement, Structure Changes and/or Change in Ownership, Merging of OPEIDs with the same Ownership Structure
6b.	Clerical	Number	N/A	Visible when if application purpose = Initial, Reinstatement, Structure Changes and/or Change in Ownership, Merging of OPEIDs with the same Ownership Structure
7.	How many regular students do you estimate would be eligible to receive federal student financial aid for the remainder of the current award year and for each of the next two award years if you become eligible to participate in federal student financial aid programs?	N/A	N/A	
7a.	Estimated number for the remainder of the current award year	Number	N/A	

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7b.	Estimated number for the next award year	Number	N/A	
7c.	Estimated number for the award year following the next award year	Number	N/A	
8.	Provide the following information about your regular students. (If a student drops out and then reenrolls, count the student each time.)	N/A	N/A	Visible only during required conditions
8a.	How many regular students were enrolled at your institution during the most recently completed award year?	Number	N/A	Visible when Application Purpose = Initial, Reinstatement, or Designated as Eligible Non-Participating Institution
8b.	How many of the regular students enrolled during your most recently completed award year (entered above) withdrew from, dropped out of, or were expelled from the institution during the 100% refund period and received the refund?	Number	N/A	Visible when Application Purpose = Initial, Reinstatement, or Designated as Eligible Non-Participating Institution
8c.	How many of the regular students enrolled during your most recently completed award year (entered above) withdrew from, dropped out of, or were expelled from the institution after the 100% refund period?	Number	N/A	Visible when Application Purpose = Initial, Reinstatement, or Designated as Eligible Non-Participating Institution
9.	For each program, check here if you have provided the program continuously for at least the most recent 24 months.	Checkbox	N/A	Visible if Partner indicated they have vocational

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				(non-degree) programs
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Section J: Third-Party Servicer

Question #	Text	Field Type	Automations	Visibility
Third Party Servicer Table	Provide information for all Third-Party Servicer with whom you contract to perform any aspect of the institution's responsibilities under the Title IV, HEA programs. Do not report independent auditors or ATB providers in this section.	N/A	N/A	

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1.	<p>Before completing this section, make sure to contact your Third-Party Servicer first to verify the following information:</p> <ul style="list-style-type: none"> • Third-Party Servicer’s Legal Name • Third-Party Servicer’s Address • Contact Information of the CEO/COO/President • Contracted Services <p>To search for your Third-Party Servicer, enter your servicer's name in the box below. If your Third-Party Servicer is not found, provide your servicer's name and contact information.</p>	Servicer Lookup	Autopopulated	
	<p>Here is the information concerning the TPS you have selected:</p> <p>DJS Financial Aid Services, Inc. 123 Kellogg Drive Wichita, KS 67213</p> <p>Deborah Amn Smith, President (800) 242-9999 • Fax: (316) 777-9999 E-mail: debbiesmith@djs.com</p>	N/A	N/A	Visible once Partner has selected their Servicer – data cannot be edited
	Third-Party Servicer Legal Name or Company’s Legal Name	Text	Autopopulated	
	Third Party Servicer Name d/b/a	Text	Autopopulated	
	TPS ID	Number	Autopopulated	Visible when School is editing an exiting TPS relationship
	Partner Connect ID	Number	Autopopulated	
	Provide the following information for your Third-Party Servicer's CEO/COO/President. Contact your Third-Party Servicer to obtain this information.	N/A	N/A	
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	

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	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated with Production account answer or preliminary account information	
	E-mail Address	Text	Autopopulated	
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	
	International Fax Number	Number	Autopopulated	
	Fax Number Extension	Number	Autopopulated	
Services Provided Table	Select the service(s) performed by your Third-Party Servicer. Select all of the primary and specific service(s) that apply. If you do not see a service in the list provided, select "Other" and provide an explanation of the functions or service(s) performed by your Third-Party Servicer.	Text Display	N/A	
2.	Main Service	Picklist	Autopopulated	
2a.	Specific Service	Picklist		

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Services Provided Table	If you chose "Other" above, please describe the services provided	Text	Autopopulated with Production Answer	
Services Provided Table	Effective Date	Date	Autopopulated with Production Answer	
Services Provided Table	End Date	Date		
	Enter the date this Third-Party Servicer began performing functions/services on behalf of your institution	N/A		
	Effective Date	Date	Autopopulated	
	<p>If you no longer have a contract with this Third-Party Servicer, provide the date the contract ended or will end below.</p> <p>Only enter an end date if the contract with this Third- Party Servicer has ended.</p> <p>Do not enter an end date if the services provided have changed and/or your contact at the Third-Party Servicer has changed. In these instances, update the services provided. Contact the Third-Party Servicer Oversight Group if your contact person or the address of your Third-Party Servicer has changed.</p>	N/A	Autopopulated	
Once User completes above questions, a new TPS entry will be added to the	End Date	Date	Autopopulated	only visible when editing

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Table				
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Section K: Ability to Benefit

Question #	Text	Field Type	Automations	Visibility
1.	Do you use an ability to benefit test for students who do not	Picklist (Yes, No)	Autopopulated	Visible for

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	have a high school diploma or its recognized equivalent?			Domestic Schools Only
1a.	Select the ability to benefit test(s) administered. Contact FSA if your ability to benefit test is not identified in this list.	<p>Picklist (multi-select)</p> <p>Wonderlic Basic Skills Test (WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Paper Test</p> <p>Wonderlic Basic Skills Test (WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Online Test</p> <p>Spanish Wonderlic Basic Skills Test (Spanish WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Paper Test</p> <p>Spanish Wonderlic Basic Skills Test (Spanish WBST) Verbal Forms VS-1 and VS-2, Quantitative Forms QS-1 and QS-2. Online Test</p> <p>Combined English Language Skills Assessment (CELSA), Forms 1 and 2.</p> <p>ACCUPLACER Computer-adaptive tests (Reading Test, Writing Test, and Arithmetic Test)</p> <p>COMPANION ACCUPLACER Forms J and K (Reading Test, Writing Test, and Arithmetic Test)</p> <p>Texas Success Initiative (TSI) Assessment Computer-adaptive tests (Reading Placement Test, Writing Placement Test, and Arithmetic Placement Test)</p> <p>COMPANION TSI Forms T and V (Reading Placement Test, Writing Placement Test, and Arithmetic Placement Test)</p>	Autopopulated	Visible for Domestic 1. = yes
1b. Ability to Benefit Testers Table for each Test Selected	Provide the name and address of your ATB Test Administrator(s)	N/A	N/A	Visible for Domestic Schools Only 1. = yes

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	Name of Test Administrator	Text	Autopopulated	Visible for Domestic Schools Only 1. = yes
	Prefix, First Name, Middle Name, Last Name, Suffix		Autopopulated	Visible when entering ATB Tester
	E-mail Address	Text	Autopopulated	Visible when entering ATB Tester
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering ATB Tester
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when entering ATB Tester and USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when entering ATB Tester and Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible when entering ATB Tester
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when entering ATB Tester and

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				USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when entering ATB Tester and Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible when entering ATB Tester
	Tester End date	date	Autopopulated	Visible when editing a tester entry
2.	Do you admit and enroll students through an eligible career pathway program?	Picklist (yes, no)		Visible for Domestic Schools Only 1. = yes
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file

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	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Section L: Administrative Capability

Question #	Text	Field Type	Automations	Visibility
1.	Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16)	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
2.	Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16).	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
3.	Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 668.24, 674.19, 675.19, 676.19, 685.300 and 690.81)	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
4.	Do you have a system to identify and resolve discrepancies in information you receive from various sources about a	Picklist (Yes, No)	N/A	

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	student's application for financial aid? (See 34 CFR 668.16).			
	Please provide an explanation	Text	N/A	
5.	Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.162)	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
6.	Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34).	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
7.	Do you have a policy that meets federal regulations for returning Title IV funds when a student withdraws from classes? (See 34 CFR 668.22).	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
8.	Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23)	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
9.	Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23)	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
10.	Do 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	Picklist (Yes, No)	N/A	

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	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).			
	Please provide an explanation	Text	N/A	
11.	Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16).	Picklist (Yes, No)	N/A	
	Please provide an explanation	Text	N/A	
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

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Section M: Title IV Programs

Question #	Text	Field Type	Automations	Visibility
1.	<p>Indicate all of the federal student financial aid programs in which you are seeking approval to participate.</p> <p>Federal Pell Grant Program Federal Supplemental Educational Opportunity Grant (FSEOG) Program Teacher Education Assistance for College and Higher Education (TEACH) Grant Program Federal Work-Study (FWS) Program</p>	<p>Checkboxes for the following:</p>	<p>Autopopulated</p>	
	<p>William D. Ford Federal Direct Loan Program (Direct Loan Program)</p> <ul style="list-style-type: none"> Federal Direct Loan Program (Subsidized and Unsubsidized) Federal Direct PLUS Loan Program 	<p>No Picklist</p> <p>Picklist for Federal Direct Loan Program (Subsidized and Unsubsidized)</p> <p>Federal Direct PLUS Loan Program</p>	<p>Autopopulated</p>	
	<p>Teacher Education Assistance for College and Higher Education (TEACH) Grant Program</p> <p>Check all of the following conditions that apply to your institution.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
	<p>Offer a high-quality teacher preparation program at either the baccalaureate or masters level that is accredited by a specialized accrediting agency recognized by the Secretary for the accreditation of professional teacher education programs, and the program provides or assists in providing supervision and support services to teachers</p> <p>Identify the accreditor for this program:</p>	<p>Checkboxes for the following: No Accreditor Available at this time</p>	<p>Autopopulated</p>	<p>Visible to Domestic Schools</p>

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	Offer a high-quality teacher preparation program at either the baccalaureate or master's level that is approved by a state and includes a minimum of 10 weeks of full time pre-service clinical experience or its equivalent and the program provides or assists in providing supervision and support services to teachers.	Checkbox	Autopopulated	Visible to Domestic Schools
	Offer a high-quality teacher preparation program at either the baccalaureate or masters level that is approved by a state and includes a minimum of 10 weeks of full-time pre-service clinical experience, or its equivalent and the program provides or assists in providing supervision and support services to teacher.	Checkbox	Autopopulated	Visible to Domestic Schools
	Provide a two-year program of study that is acceptable for full credit to a baccalaureate teacher preparation program. If selected, you must identify the name of at least one and no more than three other institutions which accepts all the credits from your two-year program towards their baccalaureate teacher preparation program.	Checkbox	Autopopulated	Visible to Domestic Schools
	Offer a baccalaureate degree that will prepare a student to teach in a high-need field and have an agreement with another institutuion that offers a teacher preparation program or a post-baccalaurate program. If selected, you must identify the name of at least one and no more than three other institutions with which your institution has such an agreement.	Checkbox	Autopopulated	Visible to Domestic Schools
	Offer a postbaccalaureate degree program.	Checkbox	Autopopulated	Visible to Domestic Schools
	Institution Name	Text	Autopopulated	IF the Partner indicates that they selected a TEACH critiera that uses a partnership
	Partnership End Date	Date (DD/MM/YYYY)	Autopopulated	

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	Institution Name	Text	Autopopulated	IF the Partner indicates that they selected a TEACH criteria that uses a partnership
	Partnership End Date	Date (DD/MM/YYYY)	Autopopulated	
	Institution Name	Text	Autopopulated	IF the Partner indicates that they selected a TEACH criteria that uses a partnership
	Partnership End Date	Date (DD/MM/YYYY)	Autopopulated	
	TEACH Program End Date	Date (DD/MM/YYYY)	Autopopulated	
	Additional Information Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a

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				new file
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Section N: Additional Contacts

Question #	Text	Field Type	Automations	Visibility
1 Additional Contacts Table	Would you like Federal Student Aid to contact someone not at your institution about this application?	Picklist (yes/no)	If select yes, then display the rest of the questions below.	If yes, the table of additional contacts is displayed
	Please provide contact information for the individual(s) that are not at your institution that you would like Federal Student Aid to speak to about this application.	N/A	N/A	
	Contact Type	Picklist Application Contact Additional Contact	Autopopulated	
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
	E-mail Address	Text	Autopopulated	
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	

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	End Date	Date		
	Additional Information Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Section O: Additional Information

Question #	Text	Field Type	Automations	Visibility
1.	Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this application.	Longform Text	N/A	

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Section P: Upload Documents

Question #	Text	Field Type	Automations	Visibility
	<p>You must upload the documents listed below to successfully submit your application or provide an explanation for why the document is missing. Please select the document you are uploading from the list of required documents displayed. If the document you need to upload is not displayed, select 'other' and provide a description of the document. Once the document is uploaded, the document will display in the table below. If you -uploaded a document that contains PII, please indicate that you are doing so in the file upload component. Please contact Federal Student Aid if you have any issues uploading documents.</p>	N/A	N/A	
	<p>Select the Document Type you are uploading from the dropdown and then select upload files button. If this document is available on your website, you must also provide the URL for the this document. Please provide a description of the document and indicate if the document contains PII or Proprietary Information.</p>			
	Document Type	Picklist	This Document Type will only show the remaining documents that are required to be uploaded as appropriate based on the Document Matrix	
	Select Document	Document Upload	N/A	
	Document Web Link	Text		
	Description	Text	N/A	

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	If you do not upload the documents required, you must enter an explanation for each document you are not including in your submission.	Text	N/A	
	Contains Personally Identifiable Information (PII)	Checkbox	N/A	
	Contains Proprietary Information	Checkbox	N/A	

Section Q: Send eApp for Signature eApp

	Text	Field Type	Automation	Visibility
	<p>Who is your authorized signature authority?</p> <p>Your authorized signature authority is the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters of the institution.</p>	N/A	N/A	
	<p>Check here if this is the same person as your:</p> <p>Chief Executive Officer President/Chancellor Chief Operating Officer</p>	Checkbox	Autopopulated	
	Select position.	<p>Picklist</p> <p>Chief Executive Officer - New President/Chancellor - New Chief Operating Officer - New</p>	Autopopulated	Visible when, "Check here is the same person as" = checked.
	Check here if this person is an owner of the institution	Checkbox	Autopopulated	
	Select Owner	Picklist of Person Owners	Autopopulated	Visible when, "Check here is the same person as" = checked.
	Prefix, First Name, Middle Name, Last Name, Suffix		Autopopulated	

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E-mail Address	Email Address	Autopopulated	
Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
Telephone Number	Number	Autopopulated	Visible for Domestic Schools, Optional For Foreign Schools
International Telephone Number	Number	Autopopulated	Visible for Foreign Schools only
Telephone Number Extension	Number	Autopopulated	
Fax Number	Number	Autopopulated	
International Fax Number	Number	Autopopulated	Visible for Foreign Schools only
Fax Number Extension	Number	Autopopulated	
Provide the Home Address, Phone Number, and E-mail Address for this Authorized Signer.	N/A	N/A	
Home Address Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
Personal E-mail Address	Email	Autopopulated	
Personal Telephone Number (include Area Code)	Number	Autopopulated	
Effective Date	Date	Autopopulated	
End Date	Date	Autopopulated	only visible when editing
<p>Please check here, if your authorized signature authority is not available to sign this application and provide an explanation below.</p> <p>You must provide contact information and upload a copy of the written delegation of authority for the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters in the absence of the authorized signature authority identified above. This delegation of authority</p>	Checkbox		

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	must be on school letterhead.			
	You must provide contact information and upload a copy of the written delegation of authority for the person that has the power and authority to act on behalf of the institution with connection to all legal and other matters in the absence of the authorized signature authority identified above. This delegation of authority must be on school letterhead.	Text		If "Please check here..." = yes , this field displays
	Add contact information for the delegated authority to sign on behalf of the authorized signature authority.			
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	
	E-mail Address	Text	Autopopulated	
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	
	Provide the Home Address, Phone Number, and E-mail Address	N/A	N/A	

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	for this person.			
	Home Address Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	
	Personal E-mail Address	Email	Autopopulated	
	Personal Telephone Number (include Area Code)	Number	Autopopulated	
	Personal International Telephone Number	Number	Autopopulated	
	Effective Date	Date		
	End Date	Date		
	I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that providing false or misleading information on this application is a violation of the United States Criminal Code, Title 18, Section 1001 and may result in a fine of up to \$250,000 for an individual or \$500,000 for an organization, and/or imprisonment for up to five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.	Checkbox	None	

Section I: Foreign Schools

Question #	Text	Field Type	Automation	Visibility
1.	Do you admit as regular students only people who have a credential of secondary school completion or its recognized equivalent?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
2.	Do you admit students on the basis of a "mature student" admission policy?	Picklist (Yes, No)	Autopopulated	Visible to Foreign

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	<p>Help Text: A policy to admit adult students who have not completed a secondary school or high school education based on the applicant's age.</p>			Schools
3.	In the country where you are located, are you legally authorized by the education ministry, council, or equivalent agency to provide an educational program beyond the secondary school level?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schoolswide
4.	Does your institution award degrees, certificates, or other recognized education credentials that are officially recognized by the country in which your institution is located?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
5.	Identify from the list the legal authorizing agency/ministry/educational council within the country where your institution is located that granted legal authorization to your institution to provide an educational program beyond the secondary school level.	Picklist	Autopopulated	Visible to Foreign Schools
6.	Add any additional information regarding your institution's legal authorization to provide an educational program beyond the secondary school level, such as reference to Royal Charter, law, or regulation.	Text	Autopopulateds	Visible to Foreign Schools
	If the legal authorizing agency is not included in this list, insert the name and address of the legal authorizing agency in the spaces provided.	N/A		Visible to Foreign Schools
	Legal Authorization Agency Name	Text	Autopopulated	Visible to Foreign Schools
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible USA is Chosen
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible when Country

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				Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	
	Fax Number (include Area Code)	Phone	Autopopulated	Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	
	End Date	Date		
7.	Does another postsecondary education institution validate programs offered by your institution?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
	Provide the details for each validation agreement and upload a copy of all validation agreement(s).	N/A	N/A	Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes
	Institution Name	Institution Search (Smart Search with Name, City, State)	Autopopulated	Visible to Foreign Schools when Does another postsecondary

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				education institution validate programs offered by your institution? = yes
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special	Autopopulated	Visible to

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		Characters		Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes
	Fax Number (include Area Code)	Phone	Autopopulated	Visible to Foreign Schools when Does another postsecondary education institution

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				validate programs offered by your institution? = yes Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your

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				institution? = yes
	End Date	Date	Autopopulated, autopopulated with account lookup selected result	Visible to Foreign Schools when Does another postsecondary education institution validate programs offered by your institution? = yes
8.	Are you legally authorized to award a degree that is equivalent to an associate, baccalaureate, graduate, or professional degree awarded in the United States?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
9.	Do you provide an educational program that is at least a two-academic-year program acceptable for full credit toward the equivalent of a baccalaureate degree awarded in the United States?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
10.	Do you provide any educational programs that meet all three of these criteria? <ul style="list-style-type: none"> • The program is equivalent to at least a one-academic-year training program in the United States, and • The program leads to a certificate, degree, or other educational credential that is equivalent to one offered in the United States, and • The program prepares students for gainful employment in an occupation that is equivalent to one in the United States. 	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
11.	Are any of your programs offered in whole or in part by means of correspondence?	Picklist (Yes, No)	Autopopulated	Visible to Foreign

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				Schools
12.	Do you offer any programs that uses telecommunications to provide instruction to U.S. students?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
13.	Do you have administrative offices and/or recruiting offices in the United States that represent you? Provide the following information and upload a description of the functions of the U.S. administrative office.	Picklist (Yes, No)	Autopopulated	Visible to when entering a US administrative office IF they answer no, no Admin Office Location table will display
13a.	-U.S. Administrative/Recruiting Office Name	Text	Autopopulated	Visible to when entering a US administrative office
	Street Address, City, State, Country, ZIP		Autopopulated	Visible to when entering a US administrative office
	Telephone Number (include Area Code)	Phone	Autopopulated	Visible to when entering a US administrative office Visible when USA is Chosen
	International Telephone Number (include Country Code)	(Phone) Numeric & Special Characters	Autopopulated	Visible to when entering

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				a US administrative office Visible when Country Other than USA is Chosen
	Telephone Number Extension	Number	Autopopulated	Visible to when entering a US administrative office
	Fax Number (include Area Code)	Phone	Autopopulated	Visible to when entering a US administrative office Visible when USA is Chosen
	International Fax Number (include Country Code)	(Fax) Numeric & Special Characters	Autopopulated	Visible to when entering a US administrative office Visible when Country Other than USA is Chosen
	Fax Number Extension	Number	Autopopulated	Visible to when entering a US administrative

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				office
13b.	U.S. Administrative/Recruiting Office Contact Name	Name	Autopopulated	Visible to when entering a US administrative office
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	Visible to when entering a US administrative office
	U.S. Administrative /Recruiting Office Contact E-Mail	Email	Autopopulated	Visible to when entering a US administrative office
	End Date	Date	Autopopulated	Visible to when entering a US administrative office
14.	Are you accredited by an accrediting agency in the United States?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
14a.	Choose your accrediting agency	Accrediting Agency Lookup	Autopopulated	Visible to Foreign Schools
14b.	What year did this accrediting agency last accredit you?	Date YYYY	Autopopulated	Visible to Foreign Schools
14c.	For how many years is this accreditation granted?	Number	Autopopulated	Visible to Foreign

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				Schools
14d.	Check here if this is your Primary Accreditor	Checkbox	Autopopulated	Visible to Foreign Schools
14e.	Select if this agency accredits your whole institution	Checkbox	Autopopulated	Visible to Foreign Schools
14f.	Select if this agency accredits individual programs offered by your institution	Checkbox	Autopopulated	Not Visible to Foreign Schools
14g.	Has this accreditor issued a decision letter, placed the institution/location on probation, placed the institution/location on warning, placed the institution/location on show cause, issued a loss/withdrawal of accreditation notice, mandated a reporting requirement or issued any other notification of non-compliance of accrediting standards since your last application was submitted?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
	Select action issued	Picklist, Multi-Select Picklist Decision letter Placed the institution/location on probation Placed the institution/location on warning Placed the institution/location on show cause Issued a loss/withdrawal of accreditation notice Mandated a reporting requirement Other notification of non-compliance of accrediting standards	Autopopulated	Visible to Foreign Schools
	Other Adverse Action	Text	Autopopulated	Visible to Foreign Schools
14h. Upon user	Provide the End Date of your Accreditation	Date	Autopopulated	Visible to Foreign

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completion of above questions, an entry will be added and displayed to the US Accrediting Agency Table				Schools
	Enter the explanation as to why this is end date is more than 30 days in the future	Date	N/A	Visible when End Date is more than 30 days in the future
15.	Indicate below whether your institution offers a degree of medical doctor, doctor of osteopathic medicine, or the equivalent; a veterinary program; or a nursing program. Then indicate whether your institution seeks Title IV, HEA program eligibility for a medical program, a veterinary program, or a nursing program.	N/A	N/A	Visible to Foreign Schools
	Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program	N/A	N/A	Visible to Foreign Schools
	Program Offered	Picklist (Yes, No)	Autopopulated	Visible if Program Offered = Yes
	Seeking Title IV	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
	Veterinary Program	N/A	N/A	Visible to Foreign Schools

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	Program Offered	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
	Seeking Title IV	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
	Nursing Program	N/A	N/A	Visible to Foreign Schools
	Program Offered	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
	Seeking Title IV	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file

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	Enter a description of the document	Text	N/A	Visible when uploading a new file
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Foreign Medical Schools

Question #	Text	Field Type	Automation	Visibility
1.	Are you seeking approval for a Post baccalaureate/equivalent medical program?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools, Visible to Foreign For - Profits
2.	Is your medical program offered as a joint degree program with another institution?	Picklist (Yes, No)	Autopopulated	Visible to Foreign Schools, Visible to Foreign For - Profits
3.	Medical Program Name	Text	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
4.	Program Length in Months	Number	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
5.	Is the medical school listed in the World Directory of Medical Schools?	Picklist, Yes or No	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title

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				IV.
6.	Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.	Picklist, Yes or No	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	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.	N/A	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
7.	Medical Accrediting Agency or Ministry	Picklist (multi) (see email medical accrediting)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	If you chose "Other" from the list of medical accreditors- provide the name and address of the evaluating agency that is legally authorized to approve, accredit or recognize medical schools in your country.	N/A	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV. And when and when "Medical Accrediting Agency or

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				Ministry” = other
	Medical Accrediting Agency Name		Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
	Street Address, City, State/Province, Country, Postal Code			Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
	International Telephone Number (include Country Code)	Phone (note, international, requires all characters and more than 10 digits)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
	Telephone Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
	International Fax Number (include Country Code)	Phone (note, international, requires all characters and more than 10 digits)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program

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				and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
	Fax Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
	Medical Accrerator Contact Name	Display Text	N/A	N/A
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
	Medical Accrerator Contact Email	Text	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV. And when and when “Medical Accrediting Agency or Ministry” = other
8.	Is your medical school currently approved by this medical accrediting agency?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
8a.	What month/year did the medical accrediting agency last	Date	Autopopulated	Visible when School indicates

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	approve the medical school?			they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Is your medical school currently approved by this medical accrediting agency?" = yes
8b.	For how many years did the evaluating agency extend its approval?	Number	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Is your medical school currently approved by this medical accrediting agency?" = yes
	Provide the date this accreditation ended.	Date	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Is your medical school currently approved by this medical accrediting agency?" = yes
9.	Confirm that your medical accreditor is recognized by the World Federation for Medical Education (WFME).	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a

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				country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
10.	Where is the facility at which you provide graduate medical educational program instruction in your country? Also include Contact person information at this facility. .	N/A	N/A	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Name of Facility	Text	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and

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				Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Street Address, City, State/Province, Country, Postal Code		Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Telephone Number (include Area Code)	Number	Autopopulated Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes

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				And Country = USA
	International Telephone Number (include Country Code)	Number	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes and country is not USA
	Telephone Number Extension	Number	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Fax Number (include Area Code)	Number	Autopopulated	Visible when School indicates

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				they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes And Country = USA
	International Fax Number (include Country Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes and country is not USA
	Fax Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program

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				and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Name of contact at the facility	N/A	N/A	
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	
	Facility Contact Email			
	End Date Only provide an end date if you no longer provide graduate medical educational program instruction at this facility.			
11.	Identify all clinical instruction locations where your medical students receive clinical training from home country; other locations that are Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) approved; or a National Committee on Foreign Medical Education and Accreditation (NCFMEA) approved comparable foreign country.	N/A	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable

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				medical accrediting agency approval standards.” = yes
11a.	<p>Instruction Type</p> <p>Identify the type(s) of clinical training instruction provided at this location. Select all that apply:</p>	<p>Picklist</p> <p>Core Clinical</p> <p>Elective Clinical</p>	Autopopulated	<p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p>
11b.	<p>Indicate the date that instruction was first offered to your medical students at this location.</p>	Date	Autopopulated	<p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p>
	<p>Enter the name and address of this clinical site.</p>	N/A	N/A	<p>Visible when School indicates they hae a foreign Medical</p>

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				Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
11c	Name of Non-U.S. Training Facility	Text	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Street Address, City, State/Province, Country, Postal Code		Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a

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				country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Telephone Number (include Area Code)	Number	Autopopulated Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	International Telephone Number (include Country Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has

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				determined uses comparable medical accrediting agency approval standards.” = yes
	Telephone Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Fax Number (include Area Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	International Fax Number (include Country Code)	Number	Autopopulated	Visible when School indicates

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				they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Fax Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Name of contact at this clinical site	N/A	N/A	
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	
	Clinical Site Contact Email	Text	Autopopulated	Visible when School indicates they hae a foreign Medical

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				Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	<p>End Date</p> <p>Only provide an end date if you no longer provide graduate medical educational program instruction at this clinical site.</p>	Date	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
12	Has the medical accrediting agency in your home country conducted an on-site evaluation and specifically approved this clinical training site?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a

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				country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
13	Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?	Picklist, Y/N	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
13a	Is Agreement current?	Picklist (Yes, No)	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes
13b	Briefly describe the agreement’s terms of renewal	Text	Autopopulated	Visible when “Is Agreement Current” = no
	Agreement End Date	Date	Autopopulated	Visible when “Is Agreement Current” = no
13c	Identify where in the clinical affiliation agreement the following 6 elements can be found, for example, the page number and section number	N/A	N/A	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes
	Regulatory Elements	N/A	N/A	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your

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				students at this location? = yes and when Is Agreement Current” = yes
	Element 1: Maintenance of the School’s Standards	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes
	Element 2: Appointment of Faculty to the Medical School Staff	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes
	Element 3: Design of the Curriculum	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes
	Element 4: Supervision of Students	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes and when Is Agreement Current” = yes
	Element 5: Evaluation of Student Performance	Text	Autopopulated	Visible when Does your medical

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				school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes
	Element 6: Provision of Liability Insurance	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes
14	Is this clinical training location approved by the agency authorized to evaluate medical schools in your country?	Picklist (Yes, No)	Autopopulated	Visible when school indicates they have a foreign medical school
15	Is this clinical training location included in the accreditation of a medical program accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA)?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
16	Is clinical instruction that is provided to your students at this site also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country located in an NCFMEA approved comparable foreign country?	Picklist (Yes/No)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
17	Name of the accredited medical school	Text	Autopopulated	Visible when “Check here if clinical instruction that is provided to your students at this

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				site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked.
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when "Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked.
	Telephone Number (include Area Code)	Number	Autopopulated	Visible when "Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked

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	International Telephone Number (include Country Code)	Number	Autopopulated	Visible when “Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked.
	Telephone Number Extension	Number	Autopopulated	Visible when “Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked.
	Fax Number (include Area Code)	Number	Autopopulated	Visible when “Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical

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				education in that country = checked.
	International Fax Number (include Country Code)	Number	Autopopulated	Visible when “Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked.
	Fax Number Extension	Number	Autopopulated	Visible when “Check here if clinical instruction that is provided to your students at this site is also offered in conjunction with a medical education program that is offered to students enrolled in another medical school(s) that is accredited by the medical accreditor that is legally authorized to evaluate medical education in that country = checked.
	Identify all clinical instruction locations that are U.S. training facilities	N/A	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United

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				States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
18	<p>Instruction Type</p> <p>Identify the type(s) of clinical training instruction provided at this location. Select all that apply:</p>	<p>Picklist</p> <p>Core Clinical</p> <p>Elective Clinical</p>	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
19.	Name of U.S. training facility	Text	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has

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				determined uses comparable medical accrediting agency approval standards.” = yes
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Telephone Number (include Area Code)	Number	Autopopulated Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
	International Telephone Number (include Country Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and

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				Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Telephone Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Fax Number (include Area Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes

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	International Fax Number (include Country Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Fax Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Name of contact at this U.S. Training Facility	N/A	N/A	
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	
	U.S. Training Facility Email	Text	Autopopulated	Visible when School indicates

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				they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
20.	Identify the U.S medical lcsing boards and evaluating bodies that approve your clinical training.	Display Only	N/A	N/A
	Name of evaluating body/medical licensing board	Text	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when School indicates they hae a foreign Medical

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				Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Telephone Number (include Area Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	International Telephone Number (include Country Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a

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				country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Telephone Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Fax Number (include Area Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and

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				Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	International Fax Number (include Country Code)	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Fax Number Extension	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes

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	<p>Medical Licensing Board/Evaluating body Contact Information</p>	<p>N/A</p>	<p>Autopopulated</p>	<p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p>
	<p>Prefix, First Name, Middle Name, Last Name, Suffix, Job Title</p>		<p>Autopopulated</p>	<p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes</p>
	<p>Email</p>	<p>Text</p>	<p>Autopopulated</p>	<p>Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title</p>

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				IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	Is your clinical training still approved by this medical licensing board/evaluation body	Picklist (yes, no)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
	If you are no longer approved by this medical licensing board/evaluation body, enter the date this approval ended	Date	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National

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				Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
	Indicate the date that instruction was first offered to your medical students at this location.	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes
21.	Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?	Picklist, Y/N	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
21a.	Is Agreement current? Help Text if partner answers “no” to this question: “If the school does not have a valid formal affiliation agreement or other agreement with the clinical site or hospital, it is not an approved, eligible site.” -	Picklist (Yes, No)	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes
21b.	Briefly describe the agreement’s terms of renewal	Text	Autopopulated	Visible when “Is Agreement

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				Current" = no
	Agreement End Date	Date	Autopopulated	Visible when "Is Agreement Current" = no
21c.	Identify where in the clinical affiliation agreement the following 6 elements can be found, for example, the page number and section number	N/A	N/A	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location? = yes
	Regulatory Elements	N/A	N/A	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current" = yes
	Element 1: Maintenance of the School's Standards	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current" = yes
	Element 2: Appointment of Faculty to the Medical School Staff	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current" = yes
	Element 3: Design of the Curriculum	Text	Autopopulated	Visible when Does your medical school have a formal affiliation

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				agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes
	Element 4: Supervision of Students	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes
	Element 5: Evaluation of Student Performance	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes
	Element 6: Provision of Liability Insurance	Text	Autopopulated	Visible when Does your medical school have a formal affiliation agreement or other written arrangement to provide clinical training instruction to your students at this location?= yes and when Is Agreement Current” = yes
22.	Does your institution have a clinical training program that was approved by a state on or before January 1, 1992 and has it continuously operated a clinical training program in at least one state that approves the program?	Picklist (Yes, No)	Autopopulated	
23.	Does your institution have a clinical training program that	Picklist (Yes, No)	Autopopulated	

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	was approved by a state prior to January 1, 2008 and has it continuously operated a clinical training program in at least one state that approves the program?			
24.	Is your institution approved to offer clinical instruction by a State at this location?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes
24a.	State Agency Name	Text	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes = yes and when "Is your

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				institution approved to offer clinical instruction by a State at this location?" = yes
24b.	State Approval Start Date -	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards." = yes = yes and when "Is your institution approved to offer clinical instruction by a State at this location?" = yes
24e	State Approval End Date	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and when "Please confirm that your MD program is in a country other

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				than the United States that the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes = yes and when “Is your institution approved to offer clinical instruction by a State at this location?” = yes
24c.	Check here if your institution ceased to offer a clinical training program at this clinical site or it is no longer approved to offer the clinical training program.	Checkbox	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
24d	Last Date of Instruction	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
24e	State Approval End Date	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV and when “Please confirm that your MD program is in a country other than the United States that

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				the National Committee on Foreign Medical Education and Accreditation (NCFMEA) has determined uses comparable medical accrediting agency approval standards.” = yes = yes and when “Is your institution approved to offer clinical instruction by a State at this location?” = yes
25.	Enter the date of medical school graduations within the past three twelve-month periods.	N/A	N/A	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
	Enter the graduation date	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
	Identify the number of medical school graduates in the graduating class	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.
	Enter the graduation date	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer “yes” to seeking Title IV.

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	Identify the number of medical school graduates in the graduating class	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Enter the graduation date	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Identify the number of medical school graduates in the graduating class	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
26.	What is the beginning and ending dates of your institution's most recently completed academic year?	Display Only	N/A	N/A
	Beginning Date:	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Ending Date:	Date	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
27.	How many full-time regular students were enrolled during the most recently completed academic year?	Number	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic

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				Medicine/Equivalent Program and answer "yes" to seeking Title IV.
28.	How many of the regular students in the most recently completed academic year were not U.S. citizens or residents eligible for U.S. federal financial aid programs?	Number	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
29.	During the most recently completed year, how many of your regular students and graduates from the three preceding years took any "step" of the examinations administered by the Educational Commission for Foreign Medical Graduates?	Number	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
30.	How many of these students received passing scores on any "step" of the examinations?	Number	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Does your foreign graduate medical school provide any of the following types of medical educational programs? (check each type of program that is offered)	N/A	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit
	Post baccalaureate/equivalent medical programs	Checkbox	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit

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	Other types of programs that lead to employment as a doctor of osteopathic medicine, or doctor of medicine or equivalent?	Checkbox	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit
	Review and respond to the following questions concerning data collection and reporting.	N/A	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Do 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)?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Explanation:	Text	Autopopulated	Visible when "Do 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)?" = Yes
	Do you require U.S. citizens, U.S. nationals and U.S. lawful permanent residents to report their MCAT scores to you?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Do you report 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.	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic

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	national or U.S. lawful permanent resident took the MCAT examination in the preceding calendar year to the medical school's accrediting authority?			Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Has your institution determined the consent requirements for and require the necessary consent of ALL students accepted for admission for whom the institution must report to comply with data collection and submission requirements for all of the following:	N/A	N/A	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	MCAT Scores	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	USMLE Performance Data	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	U.S. Medical Residency Programs Placement Rate Data	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	U.S. Citizenship Rate Data	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Does your institution have a data collection and reporting system that allows you to report all required information to	Picklist (Yes, No)	Autopopulated	Visible when School indicates they hae a foreign Medical

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	the U.S. Department of Education and your medical school accrediting agency?			Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	Do you have 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?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	Visible when School indicates they have a foreign Medical Doctor/Doctor of Osteopathic Medicine/Equivalent Program and answer "yes" to seeking Title IV.
Document Table	Document Upload Component	File Uploader	N/A	N/A
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

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Annual Reporting for Foreign Medical School

Question #	Text	Field Type	Automation	Visibility
1.	Click below to upload your medical school's Individual USMLE Test-Taker Performance Data, USMLE Pass Rates, Citizenship Rates and Consumer Information for the most recently completed calendar year.	Display Only	N/A	N/A
	Upload Individual USMLE Test-Taker Performance Data	Document Upload	N/A	Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School'
	Upload USMLE Pass Rates	Document Upload	N/A	Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School'
	Upload Medical Citizenship Rate	Document Upload	N/A	Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School'
	Upload Medical Consumer Information	Document Upload	N/A	Visible when Application Update Purpose 'Annual Reporting for Foreign Medical School'

Foreign Veterinary Schools

Question #	Text	Field Type	Automation	Visibility
1.	Are you seeking approval for a Post baccalaureate/equivalent veterinary program?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Veterinary School Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit

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2.	Is your Veterinary program offered as a joint degree program with another institution?	Picklist (Yes, No)	Autopopulated	Visible when School indicates they have a foreign Veterinary School Program and answer "yes" to seeking Title IV and Institution Type = Foreign For Profit
3.	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?	Picklist (Yes, No)	Autopopulated	Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV.
3a.	Select the name and address of the entity in your country that is legally authorized to evaluate veterinary instruction offered in your country.	N/A	N/A	Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "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
	Name of Veterinary Accreditor	Picklist	Autopopulated	Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "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
	Here is the information concerning the Veterinary Program Accreditor you have selected: Name, Address, Contact displays	Display only		
3b.	Is your veterinary school approved, accredited, or recognized by this entity? If Yes, upload your most current approval documents in the Upload Documents section of this application?	Picklist (Yes, No)	Autopopulated	Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "Do you have an entity in your country that is legally authorized to evaluate the quality of your program of

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				classroom and clinical veterinary instruction?" = yes
3c	What month/year did the evaluating agency last approve the veterinary school?	Date	Autopopulated	Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "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
3d.	For how many years did the evaluating agency extend its approval?	Number	Autopopulated	Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "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
	If you are no longer approved by this entity, enter the date this approval ended.	Date	Autopopulated	Visible when school indicates they have a foreign vet school and answer "yes" to seeking Title IV and "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
	Identify all locations where your veterinary students receive classroom and clinical instruction. Note: Do not report veterinary clinical training locations that are not used regularly, but instead are chosen by individual students who take no more than two electives at the clinical training locations for no more than a total of eight weeks.	N/A	N/A	Visible when school indicates they have a foreign vet school

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4.	Enter the name and address of your foreign veterinary school location	Display only		
4a.	Name of Veterinary School	Text	Autopopulated	Visible when entering a foreign veterinary school location
4b.	Instruction Type	Picklist (multi) Classroom Instruction Clinical Instruction	Autopopulated	Visible when entering a foreign veterinary school location
4c	Address information	Display only		
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated with Production Answer	Visible when entering a foreign veterinary school location
	End Date	Date		Visible when entering a foreign veterinary school location
5.	Do you have a written agreement under which clinical instruction is provided at this veterinary school? If yes, upload a copy of your written agreement as a supporting document to this application.	Picklist (Yes, No)	Autopopulated	Visible when entering a foreign veterinary school location
5a.	Identify the date that instruction was first offered to your veterinary students at this veterinary school.	Date	Autopopulated	Visible when entering a foreign veterinary school location
5b.	Do you require your students to complete their clinical training at this U.S. veterinary school?	Picklist (Yes, No)	Autopopulated	Visible if a Partner is a foreign for-profit institution and identifies the clinical site location's country as the "United States."
5c.	Do you have a written agreement under which instruction is provided at this U.S. location? Note: If yes, upload your written agreement	Picklist (Yes, No)	Autopopulated	Visible when school indicates they have a foreign vet school and the country is US
5d.	Check all statements that apply	Display only		

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	<p>Check here if you have an affiliation agreement or other written arrangement to provide clinical instruction to your students at this veterinary school.</p> <p>Upload a copy of this agreement as a supporting document for this application.</p>	Checkbox	Autopopulated	Visible when school indicates they have a foreign vet school
	<p>Check here if this clinical location is specifically approved by the agency authorized to evaluate veterinary schools in your country.</p>	Checkbox	Autopopulated	Visible when school indicates they have a foreign vet school
	<p>Check here if this facility is an approved veterinary school located within the United States.</p>	Checkbox	Autopopulated	The question is visible for Foreign non profit and Foreign public schools that report a location that is not in U.S. and not in the country of the institution's principal location.
	<p>Check here if this clinical training location is included in the accreditation of a veterinary program accredited by the American Veterinary Medical Association (AVMA) or a veterinary accreditor that has been approved by the Secretary of the U.S. Department of Education.</p>	Checkbox	Autopopulated	The question is visible for Foreign non profit and Foreign public schools that report a location that is not in U.S. and not in the country of the institution's principal location.
5e.	<p>Provide information about a contact at this facility.</p>	N/A	N/A	Visible when school indicates they have a foreign vet school
	<p>Prefix, First Name, Middle Name, Last Name, Suffix, Job Title</p>		Autopopulated	Visible when school indicates they have a foreign vet school
	<p>E-mail Address</p>	Email	Autopopulated	Visible when school indicates they have a foreign vet school
	<p>Location End Date</p>	Date	Autopopulated	Visible when school indicates they have a foreign vet school
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	
Document	<p>Document Upload Component</p>	File Uploader	N/A	N/A

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Table				
	Does this document contain PII data?	Picklist (Yes, No)	N/A	Visible when uploading a new file
	Document Type	Picklist (See Submit eApp Section)	This field will only show the remaining documents that are required to be uploaded	Visible when uploading a new file
	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file

Foreign Nursing

Question #	Text	Field Type	Automation	Visibility
1.	Are you seeking approval for a Post baccalaureate/equivalent nursing program?	Picklist (Yes, No)	Autopopulated	Visible when Foreign For Profit Partner indicates they are seeking title iv for their foreign nursing program
2.	Is your nursing program offered as a joint degree program with another institution?	Picklist (Yes, No)	Autopopulated	Visible when Foreign For Profit Partner indicates they are seeking title iv for their foreign nursing program
	Identify all locations where your nursing students receive clinical instruction.	N/A	N/A	

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3.	Enter the name and address of your U.S. Hospital/Accredited Nursing School Location	N/A	N/A	
	School/Facility Name	Text	Autopopulated	Visible when entering Nursing Location
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering Nursing Location
	Telephone Number (Include Area Code)	Number	Autopopulated	Visible when entering Nursing Location When country = USA
	International Phone Number (include Country Code)	Number	Autopopulated	Visible when entering Nursing Location When Country is not USA
	Telephone Number Extension	Number	Autopopulated	Visible when entering Nursing Location
	International Fax Number (include Country Code)	Number	Autopopulated	Visible when entering Nursing Location When Country is not USA
	Fax Number Extension	Number	Autopopulated	Visible when entering Nursing Location
3a.	Provide the name of a contact at the facility	N/A	N/A	Visible when entering Nursing Location

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	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	Visible when entering Nursing Location
	Facility Contact E-Mail Address	Text	Autopopulated	Visible when entering Nursing Location
4.	Identify each type of nursing instruction offered at this location.	Picklist: Classroom Instruction Clinical Instruction	Autopopulated	Visible when entering Nursing Location
4a.	If clinical training is provided to your students at this location, is this facility a U.S. hospital or an accredited school of nursing in the U.S.? (Check all that apply)	Picklist U.S. hospital Accredited school of nursing in U.S. Other facility	Autopopulated	Visible when entering Nursing Location
4b.	Check here if this is a location where your student completes nursing clinical training.	Checkbox	Autopopulated	Visible when entering Nursing Location
4c.	Check here if your foreign nursing school has an Affiliation agreement with this facility to ensure proper oversight of the nursing program. Note: At time of application submission, a copy of the provider Affiliation agreement with this provider and its certified English translation will be required to be uploaded.	Checkbox	Autopopulated	Visible when entering Nursing Location
4d.	Check here if faculty members of the foreign school are based at this facility to ensure proper educational oversight.	Checkbox	Autopopulated	Visible when entering Nursing Location
5.	Do students graduating from your nursing school also receive a degree from the accredited school of nursing located in the United States?	Picklist (Yes, No)	Autopopulated	Visible when entering Nursing Location
	At time of application submission, a copy of the joint degree program agreement with the U.S. accredited nursing school will be required to be uploaded.	N/A	N/A	

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	Identify below the nurse licensing boards and evaluating bodies which have approved the nursing program, and the dates of their approval.			
	End Date	Date		Visible when editing Nursing Location
6.	Identify below the U.S. nurse licensing boards and evaluating bodies which have approved the nursing program and the dates of their approval			
	Nurse Licensing Board or Evaluating Body	Text	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body
	Street Address, City, State/Province, Country, ZIP/Postal Code		Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body
	Telephone Number (Include Area Code)	Number	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body And Country = USA
	International Phone Number (include Country Code)	Number	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body When Country is not USA
	Telephone Number Extension	Number	Autopopulated	Visible when entering Nursing Location
	International Fax Number (include Country Code)	Number	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body When Country is not USA
	Fax Number Extension	Number	Autopopulated	Visible when entering Nursing Location

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	Is your nursing school approved by this nursing licensing entity or evaluating body? If Yes, upload your most current approval documents in the Upload Documents section of this application.	Picklist (Yes, No)	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body
	Provide the following information for a contact at this entity.	N/A	N/A	Visible when entering a Nurse Licensing Board or Evaluating Body
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body
	Entity Contact E-mail Address	Email	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body
	For how many years did the licensing/evaluating entity extend its approval?	Number	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body
	If you are no longer approved by this licensing/evaluating entity, enter the date this approval ended.	Date	Autopopulated	Visible when entering a Nurse Licensing Board or Evaluating Body
7.	Identify below the accrediting agencies that approved the joint degree program between your nursing school and your U.S. nursing school.	N/A	N/A	
	Choose your accrediting agency	Lookup	Autopopulated	Visible when entering an Accrediting Agency
7a.	Is your nursing program approved by this accrediting agency? If Yes, upload your most current approval documents in the Upload Documents section of this application.	Email	Autopopulated	Visible when entering an Accrediting Agency
7b.	What month/year did the accrediting agency last approve	Date	Autopopulated	

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	the nursing program?			
7c.	For how many years did the accrediting agency extend its approval?		Autopopulated	
7d.	Provide the following information for a contact at this accrediting agency.	N/A	N/A	
	Prefix, First Name, Middle Name, Last Name, Suffix, Job Title		Autopopulated	Visible when entering an Accrediting Agency
	Accrediting Agency Contact E-mail Address	Email	Autopopulated	Visible when entering an Accrediting Agency
	If your nursing program is no longer approved by this accrediting agency, enter the date this approval ended.	Date	Autopopulated	
8.	Select the oreign nursing school programs that your institution offers. Check each that applies:	Multi Select Picklist: <ul style="list-style-type: none"> • Associate Degree School of Nursing • Collegiate School of Nursing • Diploma School of Nursing 	Autopopulated	
9.	Identify the graduation dates and the number of Nursing students who graduated from your Nursing school within the last two 12 month periods.	N/A	N/A	
	Enter date of Nursing school graduation.	Date	Autopopulated	
	Enter the number of nursing school graduates in this graduating class.	Number	Autopopulated	
	Enter date of Nursing school graduation.	Date	Autopopulated	
	Enter the number of nursing school graduates in this graduating class.	Number	Autopopulated	
10.	Identify the number of students and graduates of the Nursing school who took the NCLEX-RN	Number	Autopopulated	
11.	Identify the number of students and graduates who passed the NCLEX-RN	Number	Autopopulated	
12.	Identify the % of students and graduates passing NCLEX.	Percentage	Autopopulated	

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13.	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.?	Picklist (Yes, No)	Autopopulated	
14.	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.	Checkbox	Autopopulated	
15.	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 noncitizens.	Checkbox	Autopopulated	
16.	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.	Checkbox	Autopopulated	
	End Date	Date	Autopopulated	
	<p>Additional Information</p> <p>Use this area to provide information about any unusual circumstances or to provide additional explanations about questions you answered in this section.</p>	Text	N/A	
Document Table	Document Upload Component	File Uploader	N/A	N/A
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	Check here if you will be providing the URL to where this document type is located on your institution's Web site in the document description below.	Checkbox	N/A	Visible when uploading a new file
	Enter a description of the document	Text	N/A	Visible when uploading a new file