

## **Prison Education Program Application**

### **Application for Postsecondary Institutions and Oversight Entities**

This form is to be completed by institutions of higher education or postsecondary vocational institutions (institutions) applying to the Department of Education (Department) for approval of a Prison Education Program (PEP) in collaboration with the appropriate State department of corrections or other entity responsible for overseeing correctional facilities or the Federal Bureau of Prisons, if applicable (Oversight entity).

#### **Instructions:**

- A separate form must be completed for each PEP.
- A postsecondary institution applying for approval of the first PEP at the first two additional locations, must complete all sections of the form.
- A postsecondary institution reporting a subsequent PEP beyond the first PEP at the first two additional locations is not required to complete Section 3. However, all other sections of the form must be completed.
- Both the oversight entity and the postsecondary institution must complete the information in Section 4.

Specific instructions for each section follow, and additional requirements can be found in Section 5 at the end of this form.

If after reviewing the form and [consulting our resources webpage](#) you have questions, please email the Department at [PEP@ed.gov](mailto:PEP@ed.gov).

#### **Section 1: General Information**

*Instructions:* All postsecondary institutions must complete this section, including providing information regarding which correctional facility the institution has been approved to operate in from the oversight entity and contact information for the correctional facility and oversight entity.

##### **A. Institution Information:**

Institution name: Click or tap here to enter text.

Institution address: Click or tap here to enter text.

Institution OPEID: Click or tap here to enter text.

Institution contact person submitting this form: Click or tap here to enter text.

Institution contact person title: Click or tap here to enter text.

Institution contact person phone: Click or tap here to enter text.

Institution contact person email: Click or tap here to enter text.

**B. Correctional facility information:**

Correctional facility name: Click or tap here to enter text.

Correctional facility address: Click or tap here to enter text.

Correctional facility contact person: Click or tap here to enter text.

Correctional facility person title: Click or tap here to enter text.

Correctional facility person phone: Click or tap here to enter text.

Correctional facility person email: Click or tap here to enter text.

**C. Oversight entity information:**

Oversight entity name: Click or tap here to enter text.

Oversight entity contact person: Click or tap here to enter text.

Oversight entity person title: Click or tap here to enter text.

Oversight entity person phone: Click or tap here to enter text.

Oversight entity person email: Click or tap here to enter text.

**Section 2: Information Required for All PEP Applicants**

*Instructions:* All postsecondary institutions must complete this section.

**A. No adverse action against the institution by an accrediting agency.**

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that the institution has no adverse actions included at 34 CFR §§ 668.236(a)(5)(ii) and 668.238(c) by an accrediting agency in the past 5 years from the date of submission of this application and is not subject to a current initiated adverse action as required by 34 CFR § 668.236(a)(6).

In sum, I certify that none of the following apply to my institution in accordance with the aforementioned federal regulations:

- Any suspension, emergency action, or termination of programs under Title IV of the Higher Education Act of 1965, as amended;
- Any final accrediting action that is an adverse action as defined in 34 CFR § 602.3 or otherwise defined by the institution's accrediting agency; and
- Any initiation of an adverse action as defined in 34 CFR § 602.3 or otherwise defined by the institution's accrediting agency.

**B. No action by the state approval agency.**

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that the institution has no current or pending actions by the State to revoke a license or other authority to operate as required by 34 CFR § 668.236(a)(5)(iii).

**C. Agreement with oversight entity to provide transfer and release data.**

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that the institution has entered into a signed agreement with the oversight entity to obtain data about dates of transfer between facilities and release of incarcerated individuals that must be reported to the Department of Education under 34 CFR § 668.239(c).

In a paragraph, please briefly summarize the agreement below including (1) the length of the agreement and expiration date, (2) the frequency with which the institution will receive transfer and release data, (3), as applicable, into which State the most individuals will be released if a federal facility and, (4) as applicable, steps to be taken to protect the data in compliance with federal, State, and local laws:

Click or tap here to enter text.

Please include a finalized signed copy of the agreement when submitting this form and label and name the attachment: **ATTACHMENT 1 – SIGNED AGREEMENT TO PROVIDE TRANSFER AND RELEASE DATA**. Please also optionally include supplementary materials as appropriate in this attachment not to exceed two pages.

**D. Accrediting Agency Information and Approval Documentation.**

*Instructions:* Please check one of two boxes below, as applicable:

**Check this box if the program is the first PEP offered at the first two additional locations.** The approval documentation must indicate that the accrediting agency or State approval agency has evaluated the prison education program and has included the program in the institution's grant of accreditation or approval as required by 34 CFR § 668.237(b)(1).

**Check this box if the program is a second or subsequent PEP beyond the first PEP at the first two additional locations and the institution is reporting the program as required under 34 CFR § 600.21(a)(14).** The documentation must indicate that the prison education program meets the requirements of the institution's accrediting agency or State approval agency as required by 34 CFR § 668.237(a).

*Instructions:* If applicable, check the box below; otherwise, you may leave the box unchecked.

**Check this box if the institution is adding a *subsequent* PEP that is offered by a new method of delivery.** The approval documentation must indicate that the accrediting agency has evaluated the PEP offered by a new method of delivery to ensure the institution's ability to offer and implement the program, the program meets the agency's standards, and is included in the institution's grant of accreditation or pre-accreditation as required by 34 CFR § 668.237(b)(2).

Based on the boxes checked above, please include the required Accrediting Agency Approval documentation when submitting this form and label and name the attachment: **ATTACHMENT 2 – ACCREDITING AGENCY APPROVAL DOCUMENTATION.** Please also optionally include supplementary materials as appropriate in this attachment not to exceed two pages.

### Section 3: Additional Institutional Information

*Instructions:* Postsecondary institutions only complete this section **if the postsecondary institution is seeking approval of the first PEP at each of the institution's first two additional locations at correctional facilities.**

- A. Description of the educational program offered.** In a paragraph, provide a description of the educational program including the educational credential offered (degree level or certificate) and the field of study as required by 34 CFR § 668.238(b)(1). The details provided must match the information reported on The Application for Approval to Participate in the Federal Student Aid Programs (E-App) (see Section 5).

Click or tap here to enter text.

Please include relevant documentation (please limit to two pages or less) relating to the description of the educational program offered when submitting this form and label and name the attachment: **ATTACHMENT 3 – DESCRIPTION OF THE EDUCATIONAL PROGRAM.**

- B. Partner Entities.** In a paragraph, please provide a description of any partner entities that will be providing any part of the educational program and describe the partnership arrangement.

Click or tap here to enter text.

Please include relevant documentation, including, if applicable, a copy of the written arrangement (34 CFR § 668.5) between the PEP providing-institution and any partner entities and any other partnerships in which the partner entity will be providing any part of the educational program. **ATTACHMENT 4 – PARTNER ENTITY WRITTEN ARRANGEMENTS.**

- C. Student Admission Policies.** In a paragraph below, provide an explanation of the admission policy of the proposed program, including any restrictions regarding

admission of students such as those based on Pell eligibility, any requirements by the oversight entity, programs leading to licensure or employment for a specific job or occupation in the State if such job or occupation typically involves prohibitions on the licensure or employment (34 CFR § 668.236(a)(8)), or transfer of credits to another institution (34 CFR § 668.236(a)(4)).

Click or tap here to enter text.

- D. Types of services offered to admitted students.** In a paragraph below, provide an explanation of support services provided to admitted students including, but not limited to, orientation, tutoring and academic and reentry counseling.

Note: If reentry counseling is provided by a community-based organization (CBO) that has partnered with the eligible prison education program, institution, or correctional facility to provide reentry services, then the attachment must also include a one- page document that contains the name of the CBO, background information on the CBO, and information about the types of services that the CBO offers as required by 34 CFR § 668.238(b)(5).

Click or tap here to enter text.

Please include relevant documentation (please limit to two pages or less) relating to the types of services offered to admitted students when submitting this form and label and name the attachment: **ATTACHMENT 5 – TYPES OF SERVICES OFFERED TO ADMITTED STUDENTS.**

- E. Transferability of credits**

*Instructions:* If your school partners with a Federal Correctional Facility, check the first certification box, otherwise select the other certification box.

**For PEPs in Federal correctional facilities**

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that the credits in the proposed program can transfer to another eligible public or nonprofit institution in the State that most students attending the program will reside after release as required by 34 CFR § 668.236(a)(4).

**For PEPs in all other correctional Facilities**

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that the credits in the proposed program can transfer to another eligible public or nonprofit institution in the State where the correctional facility is located as required by 34 CFR § 668.236(a)(4).

Provide the name of at least one eligible public or private nonprofit institution that the credits can be transferred to in the State where the correctional facility is located:

Click or tap here to enter text.

In a paragraph, please briefly summarize the transferability of credits policy below:

Click or tap here to enter text.

Please include all relevant documentation to the transferability of credits policy when submitting this form and label and name the attachment: **ATTACHMENT 6 – TRANSFERABILITY OF CREDITS**. If your institution has a written articulation agreement, please include that agreement in the attachment. Please note if the institution has articulation agreements with more than one institution, please include a listing of all institutions with which the institution has an articulation agreement as part of the supporting documentation submitted.

Please also optionally include supplementary materials as appropriate in this attachment not to exceed two pages.

#### **F. Proposed program meets licensure requirements**

*Instructions:* If the proposed program is designed for professional licensure or certification and your school partners with a Federal Correctional Facility check the first certification box, otherwise select the certification box for PEPs in all other correctional facilities. If the program is not designed for professional licensure or certification, select the not applicable box.

##### **For PEPs in Federal correctional facilities**

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that the proposed program satisfies any applicable educational requirements for professional licensure or certification in the State(s) where most incarcerated individuals in that facility will reside upon release as required by 34 CFR § 668.236(a)(7).

##### **For PEPs in all other correctional Facilities**

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that the proposed program satisfies any applicable educational requirements for professional licensure or certification in the State where the correctional facility is located as required by 34 CFR § 668.236(a)(7).

##### **Not applicable**

Not applicable. Check this box if the program is not designed for professional licensure or certification.

### G. Licensure or employment in profession not prohibited

*Instructions:* If your school partners with a Federal Correctional Facility check the first certification box, otherwise select the other certification box.

#### For PEPs in Federal correctional facilities

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that that the institution does not enroll a student in a program that is designed to lead to licensure or employment for a specific job or occupation in the State(s) where most incarcerated individuals at that facility will reside upon release, if such job or occupation typically involves prohibitions on the licensure or employment of formerly incarcerated individuals as required by 34 CFR § 668.236(a)(8).

#### For PEPs in all other correctional Facilities

By checking this box, I, the institution contact person submitting this form identified in Section 1, certify that that the institution does not enroll a student in a program that is designed to lead to licensure or employment for a specific job or occupation in the State where the correctional facility is located, if such job or occupation typically involves prohibitions on the licensure or employment of formerly incarcerated individuals as required by 34 CFR § 668.236(a)(8).

Note: Please note that “State and Federal law clauses” would not extend to local laws; screening requirements for good moral character or similar provisions; State or Federal laws that have been repealed, even if the repeal has not yet taken effect or if the repeal occurs between assessments of the institution of higher education by the oversight entity; or other restrictions as determined by the Secretary.

Note: Institutions may find it helpful to review the National Inventory of Collateral Consequences of a Conviction (NICCC) to understand whether there are barriers for people with a felony: <https://niccc.nationalreentryresourcecenter.org/>.

If the school wishes to include additional documentation specific to Section G (Employment in profession not prohibited) please include relevant documentation when submitting this form (not to exceed two pages) and label and name the attachment:  
**ATTACHMENT 7 – OPTIONAL EMPLOYMENT INFORMATION.**

For example, if the oversight entity or institution has relationships with employers who are welcoming and/or committed to incarcerated individuals, include this information as part of your application.

## H. Initial Oversight Entity Approval of PEP and Best Interest of Students Determination

*Instructions:* This section is completed by the postsecondary institution with information provided by the oversight entity.

### Part one: Initial Oversight Entity Approval of PEP

In a paragraph below, please provide a summary of how the oversight entity initially approved the PEP. Please discuss the intended methodology, including thresholds, benchmarks, standards, metrics, data, and other information and how the oversight entity plans to collect the information required by 34 CFR § 668.238(b)(4):

Click or tap here to enter text.

**Part two: Best Interest Determination** – Within two years of initial approval the oversight entity will be required to conduct a best interest determination which includes an assessment of the required items under 34 CFR §§ 668.241(a)(1) and optional assessment of items under 34 CFR §§ 668.241(a)(2). Please provide no more than a paragraph about how the oversight entity plans to assess each of the required items under 34 CFR §§ 668.241(a)(1). Note that this is not that actual assessment, just the steps that the oversight entity plans to take to be ready to evaluate the required items in two years.

Click or tap here to enter text.

Please include relevant documentation relating to the oversight entity's initial approval of the PEP and the planned assessment of required items under 34 CFR §§ 668.241(a)(1) when submitting this form and label and name the attachment: **ATTACHMENT 8 – OVERSIGHT ENTITY INITIAL APPROVAL AND PLAN TO PREPARE FOR BEST INTEREST OF STUDENTS REQUIREMENT**. Please also optionally include supplementary materials as appropriate in this attachment not to exceed two pages.

As required by 34 CFR §§ 668.241(f) and 668.239, the institution must maintain and report on all information regarding the best interest of students determination by the oversight entity. Any changes to the oversight entity's best interest of students determination plan are required to be described in the required reporting to the Department.

## Section 4: Institution and oversight entity assurances, certifications, and signatures

*Instructions:* All postsecondary Institutions and oversight entities must complete this section.

### A. Institutional Assurances:



By checking this box, I, the institution contact person submitting this form identified in Section 1, acknowledge and understand that that the Department can limit or terminate approval of the institution to provide a PEP as described in 34 CFR § 668.240.

By checking this box, I, the institution contact person submitting this form identified in Section 1, acknowledge and assure that the institution will provide the methodology by which the oversight entity made each best interest determination for the PEP, as described in 34 CFR § 668.241(f).

By checking this box, I, the institution contact person submitting this form identified in Section 1, acknowledge and assure that the institution will submit all required reports to the Department as described in 34 CFR § 668.239.

**B. Oversight Entity Assurances:**

By checking this box, I, the oversight entity contact person identified in Section 1, verify that the institution has approval to operate this proposed program in the correctional facility identified in Section 1 as required by 34 CFR § 668.236(a)(2).

By checking this box, I, the oversight entity contact person identified in Section 1, acknowledge and assure that the oversight entity will provide the required best interest of students' determination of this proposed program:

- (1) Through a feedback process that considers input from relevant stakeholders and in light of the totality of the circumstances as described in 34 CFR § 668.241(b);
- (2) Considering the required information described in 34 CFR § 668.241(a)(1);
- (3) At the time intervals specified in 34 CFR § 668.241(d) and (e); and
- (4) By submitting it to the Department no later than 30 days following the determination.

By checking this box, I, the oversight entity contact person identified in Section 1, acknowledge and assure that the oversight entity will allow programs to re-apply within a reasonable timeframe if we determine the program is not operating in the best interest of students as required by 34 CFR § 668.241(c).

By checking this box, I, the oversight entity contact person identified in Section 1, acknowledge and assure that the oversight entity will maintain an agreement to provide transfer and release data with the institution during the existence of the PEP.

**C. Institutional Certification:**

To the best of my knowledge and belief, I certify that all information and representations in this PEP application form and all supporting documentation is true and correct, and the institution on behalf of which I make this attestation will remain in compliance with the PEP program requirements.

I further acknowledge that failure to submit true and correct information, failure to follow all PEP requirements, or failure to remain in compliance with the terms and conditions of the PEP program may result in liability under the False Claims Act, 31 U.S.C. § 3729, et seq.; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 C.F.R. part 180, as adopted and amended as regulations of the Department in 2 C.F.R. part 3485; and 18 U.S.C. § 1001, as appropriate, and/or other enforcement actions.

**Name:** Click or tap here to enter text.

**Signature:** (electronic signature option will be available)

**Date:** Click or tap to enter a date.

**D. Oversight Entity Certification:**

To the best of my knowledge and belief, I certify that my assurances made under Section 4.B in this PEP application form and any additional representations made by me on behalf of the oversight entity in any supporting documentation is true and correct, and the oversight entity on behalf of which I make this attestation will remain in compliance with the PEP program requirements.

I further acknowledge that failure to submit true and correct information, failure to follow all PEP requirements, or failure to remain in compliance with the terms and conditions of the PEP program may result in liability under the False Claims Act, 31 U.S.C. § 3729, et seq.; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 C.F.R. part 180, as adopted and amended as regulations of the Department in 2 C.F.R. part 3485; and 18 U.S.C. § 1001, as appropriate, and/or other enforcement actions.

**Name:** Click or tap here to enter text.

**Signature:** (electronic signature option will be available)

**Date:** Click or tap to enter a date.

## Section 5: General Instructions

In order for *any confined or incarcerated individual* to receive Pell Grant funds, the student must be enrolled in an eligible PEP. A confined or incarcerated individual includes any student who is serving a criminal sentence in a *Federal, State, or local penitentiary, prison, jail, reformatory, work farm, juvenile justice facility, or other similar correctional institution*. An oversight is—(1) *The appropriate State department of corrections or other entity that is responsible for overseeing correctional facilities;* or (2) *The Federal Bureau of Prisons*.

A postsecondary institution that seeks to offer a PEP must submit this application to the Department. Following the initial approval of a PEP at the first two additional locations, additional prison education programs at the same location, or other locations for the same postsecondary institution may be determined to be eligible without further approvals from the Department - except as required by [34 CFR 600.7 \(Conditions of institutional eligibility\)](#), [34 CFR 600.20\(c\)\(1\) \(expanding eligibility\)](#) or [34 CFR 600.21\(a\) \(updating application information\)](#), as applicable, if such programs are consistent with the institution's accreditation or its State approval agency requirements.

A postsecondary institution that seeks to offer 50 percent or more of a PEP at a correctional facility (*Federal, State, or local penitentiary, prison, jail, reformatory, work farm, juvenile justice facility, or other similar correctional institution*) must report the facility as an additional location, and in some cases must wait for approval of the location before beginning the PEP. All locations where a PEP is offered must be reported to the Department within 10 days of establishment.

In addition to this Prison Education Program Application, The E-App must be completed and submitted.

**When providing the eligibility updates for PEPs and/or correctional facility locations using the E-App, the institution must be sure to follow these instructions specific to the PEP approval/reporting requirements:**

**Educational Program.** In the Educational Programs Section of the E-App, provide the details for the prison education program. Under the appropriate educational credential, provide the title of the program which should include "Prison Education." For example, if the program is "General Studies," you will enter "General Studies Prison Education." Provide the details of the program as required by the application. The application will ask for the Classification of Instructional Programs (CIP) code related to the program of study. Visit <https://nces.ed.gov/ipeds/cipcode/> for more information about CIP codes. The application will also ask for program length details. *Note: An institution must report PEP program(s) leading to degrees even if it is not normally required to seek approval of degree programs.*

**Additional location.** In the Locations Section of the E-App, report the correctional facility as an additional location if 50 percent or more of the program is offered at that location. Enter the facility's official name after the pre-populated institution name. This requirement applies for correctional facilities even if the students receive instruction primarily through distance education or correspondence courses at that location.

**Accreditation.** One of the required documents that must be submitted with the E-App is accreditation approval documentation. The types of documentation required depends on whether the program is an initial PEP that requires approval (see 34 CFR § 668.237(b)(1)); a subsequent PEP that is being reported (see 34 CFR § 668.237(a)); or a PEP offered by a new method of delivery that requires approval under 34 CFR § 668.237(b)(2). This information is requested in Section 2C above and the documentation should be included as **ATTACHMENT 2 – ACCREDITING AGENCY APPROVAL DOCUMENTATION** when completing the E-App process.

**Note: Instructions for submitting supporting documentation are provided in the E-App. All supporting documentation that is required as part of the E-App and attachments required for the Prison Education Program Application (including the Prison Education Program Application itself) must be submitted.**

#### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-New. Public reporting burden for this collection of information is estimated to average 10 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is *required to obtain or retain benefit* (Free Application For Federal Student Aid Simplification Act (Title VII, Division FF of P.L. 116-260)). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, please send an email to: [PEP@ed.gov](mailto:PEP@ed.gov).

#### **Submission of Proprietary Information**

FOIA exempts from mandatory disclosure any “trade secrets or commercial or financial information obtained from a person and privileged or confidential.” 5 U.S.C. 552(b)(4) (Exemption 4). In accordance with Exemption 4, the Department will maintain as confidential any documents submitted by you, or prepared by the applicant, that are both customarily and actually treated as private by the applicant, or closely held and not publicly disseminated. If you feel that some or all of this submission falls within the scope of Exemption 4 and is entitled to confidential treatment, you must indicate the specific information the applicant or grantee considers proprietary in a cover attachment to this form. Please note that your designations of exempt material are not binding on the Department.