	Expiration Date: XX
Department of Veterans Affairs	
NON-COLLEGE DEGREE ORGANIZATION - PROGRAM SUBMIS	SSION LIST
1. INSTITUTION NAME	2. FACILITY CODE
3. CATALOG PUBLICATIONS USED IN THIS FORM (If your submission requires more than three catalog publications, please attach an additional copy of this for	orm.)
1)	
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SUBMITTED NCD PROGRAMS FOR EVALUATION OF APPROVAL								
PROGRAM NAME	AWARD/ DEGREE	CATALOG PUBLICATION NUMBER (As Listed Above)	PAGE NUMBER PROGRAM LISTED	CREDITS/ CLOCK HOURS OF PROGRAM	NUMBER OF THEORY VS NUMBER OF SHOP/ PRACTICE CLOCK HOURS	CIP CODE	NOTES	SAA USE ONLY Approve (Y/N)

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Department of Veterans Affairs VOCATIONA	I FLIGHT S	CHOOL - F	PROGRAM	/ SURM	ISSION I IS	ST.
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Department of Veterans Aff	airs							
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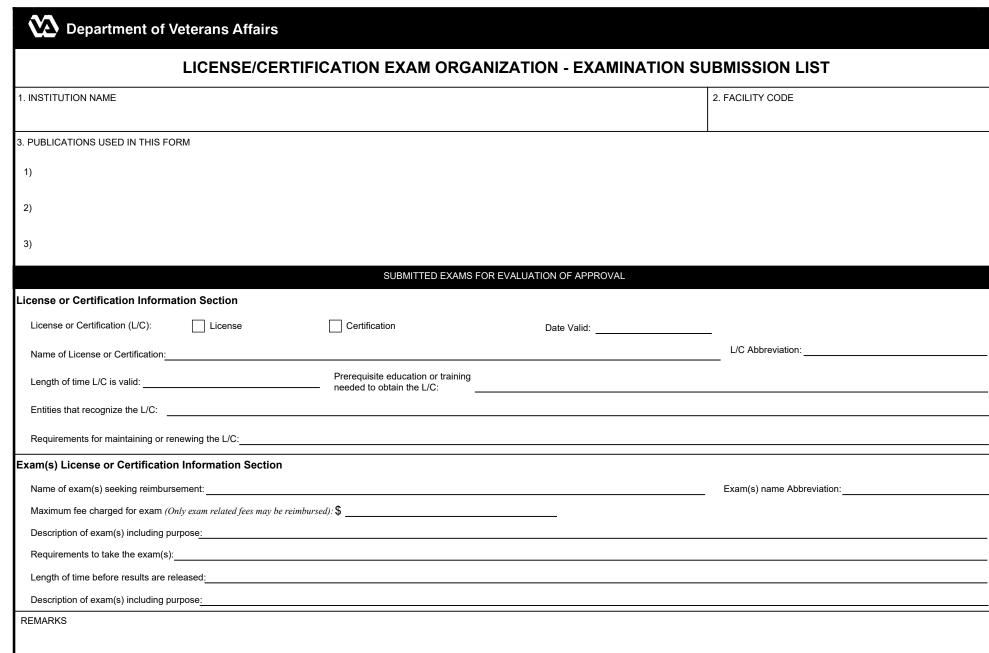
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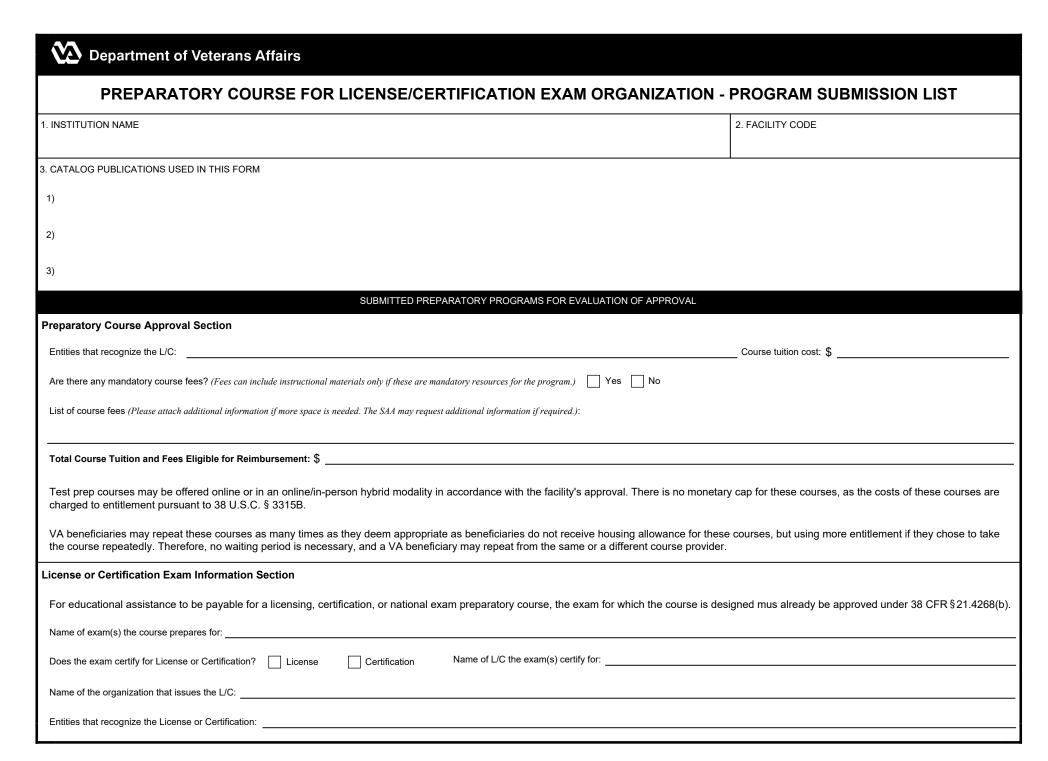
	VOCATIONAL FLIGHT SCHOOL - ADDITIONAL INFORMATION SUBMISSION LIST (Continued)
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Please fill-out a new copy of this page for any additional License/Certification and Exams you would like to have approved for VA Education Benefits. This is page of with programs submitted for approval. SAA ONLY - REMARKS SAA USE ONLY -Approve (Y/N)

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PREPAR	ATORY	COURSE FOR LICENSE/CERTIFICATION EXAM ORGANIZATION - PROGRAM SUBMISSION LIST (Continued)
REMARKS		
Please fill-out a n	ew copy of	this page for any additional Preparatory Courses you would like to have approved for VA Education Benefits.
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SAA USE ONLY -		
Approve (Y/N)		

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Department of Veterans Affairs							
CORRESP	ONDENCE	SCHOOL	/ COURS	ES - PROG	RAM SUB	MISSION LIST	
1. INSTITUTION NAME	2. FACILITY CODE						
3. CATALOG PUBLICATIONS USED IN THIS FORM (If your subm	ission requires mo	re than three catalo	og publications,	please attach an ad	lditional copy of i	this form.)	
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	HIGH SC	CHOOL - PI	ROGRAM	SUBMISS	SION LIST		
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PROGRAM NAME	AWARD/ DEGREE	CATALOG PUBLICATION NUMBER (As Listed Above)	PAGE NUMBER PROGRAM LISTED	CREDITS/ CLOCK HOURS FOR GRADUATION		NOTES	SAA USE ONLY Approve (Y/N)
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APPRENTICESHIP, ON-THE-JOB TRAINING, OR MULTI-STATE REGISTERED APPRENTICESHIP - TRAINING PROGRAM SUBMISSION LIST

1. INSTITUTION NAME		2. FACILITY	2. FACILITY CODE					
Please provide a schedule listing various operations for major kinds of work or tasks to be learned and showing for each job operations or work, tasks to be performed, and the approximate length of time to be spent on each operation or task; and the complete standards of apprenticeship/or training agreement including any appendices. SUBMITTED OCCUPATIONS FOR EVALUATION OF APPROVAL								
3. JOB TITLE (Position for which training will be provided)			4. JOB DESCRIPTION (Please keep brief)					
5. LENGTH OF PROGRM (Indica	te hours or months)	6. HOURS IN STANDARD WORK WEEK						
7. HOURS OF RELATED TRAINING OUTSIDE OF JOB REQUIRED EACH YEAR (If non, write "None") 8. NUMBER OF FULLY QUALIFIED EMPLOYEES AVAILABLE AS INSTRUCTORS FOR EACH TRAINEE								
9. MAXIMUM NUMBER OF TRAIN	IEES THAT CAN BE TRA	INED AT ANY ONE TIME						
10. BEGINNING WAGE FOR TRA	INEES			11. PRESENT JOURNEYWOR	KER WAGE			
12. WAGE PROGRESSION DURI	NG TRAINING							
A. PERIOD	B. NO. OF MONTHS	C. WAGE LEVEL		A. PERIOD	B. NO. OF MONTHS		C. WAGE LEVEL	
1ST		\$ PER		6TH		\$	PER	
2ND		\$ PER		7TH		\$	PER	
3RD		\$ PER		8TH		\$	PER	
4TH		\$ PER		9TH		\$	PER	
5TH		\$ PER		10TH		\$	PER	
Please fill-out a new copy of th	is page for any addition	nal Preparatory Courses you would like t	to have appı	oved for VA Education Bene	efits.			
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PART I: INSTITUTION CONTACTS							
13. NAME OF SCHOOL CERTIFYING OFFICIAL (Leave blank for original application)	14. SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS (Leave blank)	14. SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS (Leave blank for original application)					
PART II: CERTIFICATION AND SIGNATURE OF AUTHORIZING OFFICIAL							
NOTE: ADDITIONAL DOCUMENTATION - The State Approving Agency and/or V	A may require additional information or documentation to process a facility	ity approval and meet applicable state or federal laws.					
I CERTIFY THAT all statements in this application are true and correct to the best of m	y knowledge and belief.						
15A. NAME OF AUTHORIZING OFFICIAL	15B. SIGNATURE OF AUTHORIZING OFFICIAL	15C. DATE SIGNED (MM/DD/YYYY)					
PRIVACY ACT INFORMATION: VA will not disclose information collected on this	form to any sources other than what has been authorized under the Privace	y Act of 1974 or Title 38. Code of Federal Regulations. Section					

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any sources other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations, Section 1.526 for routine uses (e.g. VA sends education forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training as identified in the VA System of Records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.

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