



NON-INSTITUTION OF HIGHER LEARNING PROGRAM SUBMISSION LISTS

INSTRUCTIONS

When completing VA Form 22-10288a, Program Submission List, please only complete the section related to the type of training provided by your facility, leaving the pages with different types of training blank. Please complete Part I and Part II below in their entirety.

Please Note: This form must be submitted with VA Form 22-10288, Application for Approval of a Non-College Degree, Vocational Flight School, License/Certification Exam, Preparatory Courses for License/Certification, Correspondence School, High School, Apprenticeship/On-the-Job Training or Multi-State Apprenticeship Facility.

After completing the Application and Program Submission List, please email the documents to the State Approving Agency (SAA) of jurisdiction for their review. Please use this link: <https://nasaa-vetseducation.com/nasaa-contacts/> to locate the SAA with jurisdiction over your facility (or facilities).

SIGNATURE PAGE		
PART I: INSTITUTION CONTACTS		
NAME OF SCHOOL CERTIFYING OFFICIAL <i>(Leave blank for original application)</i>	SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS <i>(Leave blank for original application)</i>	
PART II: CERTIFICATION AND SIGNATURE OF AUTHORIZING OFFICIAL		
NOTE: ADDITIONAL DOCUMENTATION - The State Approving Agency and/or VA may require additional information or documentation to process a facility approval and meet applicable state or federal laws.		
I CERTIFY THAT all statements in this application are true and correct to the best of my knowledge and belief.		
NAME OF AUTHORIZING OFFICIAL	SIGNATURE OF AUTHORIZING OFFICIAL	DATE SIGNED <i>(MM/DD/YYYY)</i>
<p>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.</p> <p>RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0932, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 1 hour per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0932 in any correspondence. Do not send your completed VA Form 22-10288a to this email address.</p>		

VOCATIONAL FLIGHT SCHOOL - PROGRAM SUBMISSION LIST

1. INSTITUTION NAME

2. FACILITY CODE

3. CATALOG PUBLICATIONS USED IN THIS FORM

- 1)
- 2)
- 3)

SUBMITTED VOCATIONAL FLIGHT PROGRAMS FOR EVALUATION OF APPROVAL

PROGRAM NAME	AWARD/DEGREE	PART 141 OR 142 APPROVED	CIP CODE	HOURS	TUITION	NOTES
COURSE	CATALOG PUBLICATION NUMBER (<i>As Listed Above</i>)	PAGE NUMBER PROGRAM LISTED	COURSE HOURS	HOURLY RATE	LINE-ITEM COST	
					\$	
					\$	
					\$	
					\$	
					\$	

REMARKS

This is page ____ of ____ with programs submitted for approval.

**SAA USE ONLY -
Approve (Y/N)**
SAA ONLY - REMARKS

VOCATIONAL FLIGHT SCHOOL - ADDITIONAL INFORMATION SUBMISSION LIST

1. INSTITUTION NAME

2. FACILITY CODE

AIRCRAFT/FLIGHT SIMULATORS/FLIGHT TRAINING DEVICES

AIRCRAFT/SIM/FTD	FAA REGISTRATION	HORSEPOWER	CIP CODE	HOURS	TUITION	NOTES

Please fill-out a new copy of this page for any additional Aircraft you would like to have approved for VA Education Benefits.

AIRCRAFT USED FOR EACH PROGRAM

AIRCRAFT/SIM/FTD	PROGRAM	AIRCRAFT/SIM/FTP	PROGRAM

Please fill-out a new copy of this page for any additional Aircraft you would like to have approved for VA Education Benefits.

ROSTER OF ADMINISTRATIVE AND INSTRUCTIONAL STAFF

AIRCRAFT/SIM/FTD	PROGRAM	AIRCRAFT/SIM/FTP	PROGRAM

Please fill-out a new copy of this page for any additional Administrative/Instructional Staff.

VOCATIONAL FLIGHT SCHOOL - ADDITIONAL INFORMATION SUBMISSION LIST (Continued)

REMARKS

This is page ____ of ____ with programs submitted for approval.

LICENSE/CERTIFICATION EXAM ORGANIZATION - EXAMINATION SUBMISSION LIST

1. INSTITUTION NAME

2. FACILITY CODE

3. PUBLICATIONS USED IN THIS FORM

1)

2)

3)

SUBMITTED EXAMS FOR EVALUATION OF APPROVAL

License or Certification Information Section

License or Certification (L/C): License Certification CIP Code Date Valid: _____

Name of License or Certification: _____ L/C Abbreviation: _____

Length of time L/C is valid: _____ Prerequisite education or training needed to obtain the L/C: _____

Entities that recognize the L/C: _____

Requirements for maintaining or renewing the L/C: _____

Exam(s) License or Certification Information Section

Name of exam(s) seeking reimbursement: _____ Exam(s) name Abbreviation: _____

Maximum fee charged for exam (Only exam related fees may be reimbursed): \$ _____

Description of exam(s) including purpose: _____

Requirements to take the exam(s): _____

Length of time before results are released: _____

Description of exam(s) including purpose: _____

REMARKS

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 USE ONLY -
Approve (Y/N)**

SAA ONLY - REMARKS

PREPARATORY COURSE FOR LICENSE/CERTIFICATION EXAM ORGANIZATION - PROGRAM SUBMISSION LIST

1. INSTITUTION NAME

2. FACILITY CODE

3. CATALOG PUBLICATIONS USED IN THIS FORM

1)

2)

3)

SUBMITTED PREPARATORY PROGRAMS FOR EVALUATION OF APPROVAL

Preparatory Course Approval Section

Entities that recognize the L/C: _____ Course tuition cost: \$ _____

Are there any mandatory course fees? *(Fees can include instructional materials only if these are mandatory resources for the program.)* Yes No

List of course fees *(Please attach additional information if more space is needed. The SAA may request additional information if required.):*

Total Course Tuition and Fees Eligible for Reimbursement: \$ _____

Test prep courses may be offered online or in an online/in-person hybrid modality in accordance with the facility's approval. There is no monetary cap for these courses, as the costs of these courses are charged to entitlement pursuant to 38 U.S.C. § 3315B.

VA beneficiaries may repeat these courses as many times as they deem appropriate as beneficiaries do not receive housing allowance for these courses, but using more entitlement if they chose to take the course repeatedly. Therefore, no waiting period is necessary, and a VA beneficiary may repeat from the same or a different course provider.

License or Certification Exam Information Section

For educational assistance to be payable for a licensing, certification, or national exam preparatory course, the exam for which the course is designed must already be approved under 38 CFR § 21.4268(b).

Name of exam(s) the course prepares for: _____

Does the exam certify for License or Certification? License Certification CIP Code Name of L/C the exam(s) certify for: _____

Name of the organization that issues the L/C: _____

Entities that recognize the License or Certification: _____

PREPARATORY COURSE FOR LICENSE/CERTIFICATION EXAM ORGANIZATION - PROGRAM SUBMISSION LIST (Continued)

REMARKS

Please fill-out a new copy of this page for any additional Preparatory Courses you would like to have approved for VA Education Benefits.

This is page ____ of ____ with programs submitted for approval.

**SAA USE ONLY -
Approve (Y/N)**

SAA ONLY - REMARKS

CORRESPONDENCE SCHOOL / COURSES - PROGRAM SUBMISSION 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 form.)*

1)

2)

3)

SUBMITTED CORRESPONDENCE PROGRAMS FOR EVALUATION OF APPROVAL

PROGRAM NAME	AWARD/ DEGREE	CATALOG PUBLICATION NUMBER <i>(As Listed Above)</i>	PAGE NUMBER PROGRAM LISTED	IN THE PAST SIX MONTHS, HAVE 50% OF THOSE PURSUING THE COURSE COMPLETED IT WITHIN SIX MONTHS? (Y/N)	CIP CODE	NOTES	SAA USE ONLY Approve (Y/N)

REMARKS

This is page ____ of ____ with programs submitted for approval.

HIGH SCHOOL - PROGRAM SUBMISSION 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 form.)*

- 1)
- 2)
- 3)

SUBMITTED HIGH SCHOOL DIPLOMA PROGRAMS FOR EVALUATION OF APPROVAL

PROGRAM NAME	AWARD/ DEGREE	CATALOG PUBLICATION NUMBER <i>(As Listed Above)</i>	PAGE NUMBER PROGRAM LISTED	CREDITS/ CLOCK HOURS FOR GRADUATION	CIP CODE	NOTES	SAA USE ONLY Approve (Y/N)

REMARKS

This is page ___ of ___ with programs submitted for approval.

APPRENTICESHIP, ON-THE-JOB TRAINING, OR MULTI-STATE REGISTERED APPRENTICESHIP - TRAINING PROGRAM SUBMISSION LIST

1. INSTITUTION NAME	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 <i>(Position for which training will be provided)</i>		4. JOB DESCRIPTION <i>(Please keep brief)</i>	
5. LENGTH OF PROGRM <i>(Indicate hours or months)</i>	6. HOURS IN STANDARD WORK WEEK		
7. HOURS OF RELATED TRAINING OUTSIDE OF JOB REQUIRED EACH YEAR <i>(If non, write "None")</i>	8. NUMBER OF FULLY QUALIFIED EMPLOYEES AVAILABLE AS INSTRUCTORS FOR EACH TRAINEE		
9A. MAXIMUM NUMBER OF TRAINEES THAT CAN BE TRAINED AT ANY ONE TIME	9B. CIP CODE		
10. BEGINNING WAGE FOR TRAINEES		11. PRESENT JOURNEYWORKER WAGE	

12. WAGE PROGRESSION DURING 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 this page for any additional Preparatory Courses you would like to have approved for VA Education Benefits.

This is page ___ of ___ with programs submitted for approval.

SAA USE ONLY - Approve (Y/N)		SAA ONLY - REMARKS
-------------------------------------	--	---------------------------