



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>
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.		
RESPONDENT BURDEN: The respondent population for this form are educational and training institutions that work coordinately with third-party State Approving Agencies. We need this information to determine whether your institution can have programs approved by a State Approving Agency for the purpose of VA Educational Benefits. 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 .		

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

1. INSTITUTION NAME	2. FACILITY CODE
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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
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