



INSTITUTIONAL CERTIFICATION CHECKLIST FOR POSTSECONDARY SCHOOLS

Name of Institution:

Name of President/CEO:

Regulation Reference	Meets Standard	Does Not Meet Standard	Remarks
Advertising Requirements 8 VAC 40-31-30 A - D	<input type="checkbox"/>	<input type="checkbox"/>	
Administrator/Faculty Credentials 8 VAC 40-31-140 B For Institution of Higher Education Only	<input type="checkbox"/>	<input type="checkbox"/>	
Academic Program Requirements 8 VAC 40-31-140 C For Institutions of Higher Education Only	<input type="checkbox"/>	<input type="checkbox"/>	
Administrator/Faculty Credentials 8 VAC 40-31-150 B For Career-Technical Schools Only	<input type="checkbox"/>	<input type="checkbox"/>	
Standards of Training 8 VAC 40-31-150 C For Career-Technical Schools Only	<input type="checkbox"/>	<input type="checkbox"/>	
Statement of History, Ownership, Program Offerings & Enrollment 8 VAC 40-31-160 B	<input type="checkbox"/>	<input type="checkbox"/>	
Statement of Powers, Duties & Responsibilities 8 VAC 40-31-160 C	<input type="checkbox"/>	<input type="checkbox"/>	
Admissions Policy 8 VAC 40-31-160 D	<input type="checkbox"/>	<input type="checkbox"/>	
Records Retention Requirements 8 VAC 40-31-160 E	<input type="checkbox"/>	<input type="checkbox"/>	
Student Disclosure Requirements 8 VAC 40-31-160 F	<input type="checkbox"/>	<input type="checkbox"/>	

Curriculum Requirements 8 VAC 40-31-160 G	<input type="checkbox"/>	<input type="checkbox"/>	
Verification of Financial Stability 8 VAC 40-31-160 H	<input type="checkbox"/>	<input type="checkbox"/>	
Surety Requirement 8 VAC 40-31-160 I	<input type="checkbox"/>	<input type="checkbox"/>	
Faculty Accessibility 8 VAC 40-31-160 J	<input type="checkbox"/>	<input type="checkbox"/>	
Recruitment Requirements 8 VAC 40-31-160 K	<input type="checkbox"/>	<input type="checkbox"/>	
Telecommunications Requirements 8 VAC 40-31-160 L	<input type="checkbox"/>	<input type="checkbox"/>	
Library Accessibility Requirements 8 VAC 40-31-160 M	<input type="checkbox"/>	<input type="checkbox"/>	
Tuition Refund Policy 8 VAC 40-31-160 N	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of Faculty Credentials 8 VAC 40-31-160 O	<input type="checkbox"/>	<input type="checkbox"/>	

Attestation Statement:

I, _____, (Please print full legal name of Chief Executive Officer or President) certify that:

I have reviewed Title 23, Chapter 21.1 of the *Code of Virginia*, and the *Virginia Administrative Code* (8 VAC 40-31-10 et seq.) and understand the standards and requirements for operating a postsecondary school in the Commonwealth of Virginia.

I understand, that if at any time _____ (Name of institution requesting certification) fails to meet or to maintain compliance with Council's certification criteria, Council may revoke or suspend its certification. I understand that in the event the school is selected for audit, it may be subjected to an administrative fee of \$1,000 for each item of non-compliance found as a result of the audit. Further, I understand that violations of the administrative code shall be punishable as a Class 1 misdemeanor and that each violation shall constitute a separate offense.

As of the date affixed below, my signature certifies that _____ (Name of institution requesting certification) is in full compliance with applicable standards as specified in § 8 VAC 40-31 et al. Further, I understand that it shall be unlawful to knowingly sign this document if it is false in any material respect with the intent that the document be filed with the State Council of Higher Education for Virginia. Knowingly signing a false document constitutes a Class 1 misdemeanor.

Signature: _____ Date: _____
(signature of CEO/President)

NOTE: You MUST acknowledge your signature above before a Notary Public and the Notary Public must administer an oath and complete the acknowledgement portion of the "Affirmation By All Filers."

Affirmation By All Filers:

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

_____ Date: _____
(Signature of CEO/President)

Commonwealth / State of:

City/County of:

The forgoing disclosure form was acknowledged before me this

_____ day of _____, 20
(Date) (Month)

By _____
(Name of CEO/President)

My commission expires: _____
(Date) (NOTARY PUBLIC)

(Place notary seal in the space above)