

SCHEV James Monroe Building 101 North Fourteenth Street Richmond, Virginia 23219	 STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA	Phone: (804) 225-2600 Fax: (804) 225-2604 TDD: (804) 371-8017 Web: www.schev.edu
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Certification Checklist for Institutions of Higher Education

Name of Institution:	
Name of President/CEO:	
<p>Read and understand the regulation references before attesting to whether or not the school meets standard. Compliance with the regulation references below will be verified when an audit is conducted. Pursuant to 8VAC 40-31-200(D)(1-3), findings of non-compliance can lead to conditional certification, suspension or revocation of the school's certificate to operate.</p>	

Regulation Reference	Meets Standard	Remarks (Provide explanation for not meeting standard)
Advertising Requirements 8 VAC 40-31-30 A-D	<input type="checkbox"/>	
Administrator Credentials 8 VAC 40-31-140 F	<input type="checkbox"/>	
Faculty Credentials 8 VAC 40-31-140 D	<input type="checkbox"/>	
Academic Program Requirements 8 VAC 40-31-140 E	<input type="checkbox"/>	
Statement of History, Ownership, Program Offerings & Enrollment 8 VAC 40-31-160 B	<input type="checkbox"/>	
Statement of Powers, Duties & Responsibilities 8 VAC 40-31-160 C	<input type="checkbox"/>	
Admissions Policy 8 VAC 40-31-160 D	<input type="checkbox"/>	
Records Retention Requirements 8 VAC 40-31-160 E	<input type="checkbox"/>	
Student Disclosure Requirements	<input type="checkbox"/>	

8 VAC 40-31-160 F		
Regulation Reference	Meets Standard	Remarks (Provide explanation for not meeting standard)
Curriculum Requirements 8 VAC 40-31-160 G	<input type="checkbox"/>	
Verification of Financial Stability 8 VAC 40-31-160 H	<input type="checkbox"/>	
Surety Requirement 8 VAC 40-31-160 I	<input type="checkbox"/>	
Faculty Accessibility 8 VAC 40-31-160 J	<input type="checkbox"/>	
Recruitment Requirements 8 VAC 40-31-160 K	<input type="checkbox"/>	
Telecommunications Requirements 8 VAC 40-31-160 L	<input type="checkbox"/>	
Library Accessibility Requirements 8 VAC 40-31-160 M	<input type="checkbox"/>	
Tuition Refund Policy 8 VAC 40-31-160 N	<input type="checkbox"/>	
Maintenance of Faculty Credentials 8 VAC 40-31-160 O	<input type="checkbox"/>	
Internship/Externship Requirements 8 VAC 40-31-160 P	<input type="checkbox"/>	

Attestation Statement & Affirmation of all Filers

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

I have reviewed Title 23.1, Chapter 2, Article 3 of the *Code of Virginia*, and the *Virginia Administrative Code* (8 VAC 40-31 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 maintain compliance with Council's certification criteria, Council may revoke or suspend the school's certification. I understand that in the event the school is selected for an audit and items of non-compliance are discovered, the school may be subjected to a certification status change to conditional, suspension or revocation of the school's certification to operate. Furthermore, I understand that violations of the regulations 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 § 23.1-213 et seq. and 8 VAC 40-31 et seq.. I understand 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.")

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

Signature:			
Commonwealth/State of:			
City/County of:			
The foregoing disclosure form was acknowledged before me this: _____ day _____ 20			
By:			
<i>(Printed Name of Filer)</i>			
My Commission expires:			
	<i>Date</i>	<i>Notary Public</i>	

(Place notary seal in the space below)