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Institutional Certification Application Form for Out-of-State Institutions of Higher Education Solely Providing Distance Education to Virginia Residents

Solely Providing Distance Education to Virginia Residents									
I. General Information - Must be typed. Handwritten forms will be returned.									
Institution Name:							Date of Submission:		
Address of Main Campus:									
City:			State:			ZIP Code:		County:	
School Phone:	()			Sch Fax		()			
Primary Contact Person:									
Primary Contact Email Address:	First			Last			Title		
II. Accreditation	Information								
Out-of-State Institutions requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education. Provide documentation to verify accreditation status.									
Name of Accrediting Body:									
Date of Initial Accreditation:									
III. Ownership Ir	nformation								
Legal Name of Institution: Legal Name (corporate or other) of									
Institution Owners		·							
Ownership Conta	ct Person:		ı			Email:	Fadanal		
Phone Number: ()		Fax Number:	()		Federal Tax ID #	-	
Type of Ownersh	nip - Check one								
Sole Proprietorship				Partnership					
Corporation			Limited Liability Corporation						
Provide documentation to verify type of ownership All schools must submit a document that provides proof of ownership information for their main location outside of the Commonwealth of Virginia, such as a list of stockholders.									

Type of Organization - Check applicable box(es)							
☐ Pu		orietary					
Provide documentation to verify proprietary or nonprofit designation For proof of non-profit status, the school must submit a document from the IRS that states the school is tax exempt. This is usually a copy of the IRS letter confirming the entity's 501(c)(3) status.							
For proof of proprietary status for incorporated schools and LLCs, a school must submit a document that indicates the school is a stock corporation, such as articles of incorporation, certificate of incorporation, or a copy of page from SCC that identifies the school as a stock corporation.							
Date Out-of-State Institution was granted authorization to operate from state where main campus is located (<i>Attach a copy of the state authorization document.</i>)							
IV. Fees A company check, certified bank check, or money order in the correct, non-refundable amount made payable to the Treasurer of Virginia, must accompany this application.							
Out-Of-State Institutions of Higher Education Solely Providing Distance Education: \$10,000.00							
V. En	rollment Data and Other Statistical Reporting						
	timated Annual Enrollment:						
B. Cr	edentials to be Offered:						
	Certificate		Diploma				
	Associate		Baccalaureate				
	Master's		Doctoral				
S	CHEV Use Only:						
D	Date Received: Date Processed:						
P	Processed By:						
С	omments:						