



Certification Checklist for Out-of-State Institutions of Higher Education Solely Providing Distance Education to Virginia Residents

Name of Institution:	
State Where Main Campus is Located:	
Name of President/CEO:	

Regulation Reference	Meets Standard	Remarks (Provide explanation for not meeting standard)
State Authorization 8 VAC 40-31-170 C	<input type="checkbox"/>	
Accreditation Requirements 8 VAC 40-31-180 B(2)(b)	<input type="checkbox"/>	
Student Disclosure Requirements *8VAC40-31-125 (C) (1-4) Note: until regulation is finalized, see instructions for details	<input type="checkbox"/>	
Verification of Financial Stability 8 VAC 40-31-160 H	<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.

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 of _____ 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)