



Electronic Access Conference
emagine
2001

Student Financial Assistance

THE U.S. Department of
EDUCATION



Recertification & Updating Your Eligibility Status

It's a Snap with the EAPP!



Applying and Reporting Responsibilities

- Regulations were reorganized so changes that require an institution to apply and wait for ED's approval are listed under §600.20
- Changes that must be reported but do not require ED's approval are listed under §600.21.



Institutional Eligibility Applications

- Initial Eligibility
- Recertification
- Change in Ownership
- Expand Institutional Eligibility
- Update Application Information



Expand Institutional Eligibility

- Increase level of program offering
- New program (outside scope)
- Short term program
- Add a location
- Add a branch campus location
- Convert a location to a branch



Update Application Information

- Name Change
- Address Change
- Change in Method of Measurement
(e.g. clock hours to credit hours or semester to quarter hour)
- Add or drop a Third Party Servicer



Update Application Information

- Change Accreditor -tell us when you begin the change
- Change in State Authorization
- Change in Governance of a Public Institution
- Closure of a Branch or Location



Features of the EAPP

- Many Questions are Prepopulated
- Edit Checks
- Help Text
- Skip Features
- Status Messages



Where Do You Find the Application?

The Application for Approval to Participate in Federal Student Financial Aid Programs can be found at:

www.eligcert.ed.gov



Application for Approval to Participate in Federal Student Financial Aid Programs

Welcome

Case Management and Oversight, U.S. Department of Education



Your User Name and Password for the Electronic Application have changed.

You must now type **ED immediately before your current User Name (8-digit OPE ID number) and Password (9-digit TIN).**

For example: User Name: ED09999900
 Password: ED999999999

Application

If you have questions you may [contact ED](#).

This application may be used by postsecondary institutions wishing to apply for designation as an eligible institution, initial participation, recertification, reinstatement, change in ownership, or to update a current approval. Updates include changes such as, but not limited to, name or address change, new location or program, increased level of offering, change of officials, or Gen List.

[Continue](#)

“Hit” Continue



Questions and comments should be sent to IPOS@ed.gov



Application for Approval to Participate in Federal Student Financial Aid Programs

Case Management and Oversight, U.S. Department of Education

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This application may be used by postsecondary institutions wishing to apply for designation as an eligible institution, initial participation, recertification, reinstatement, or change in ownership or to update a current approval.

Case Team Contacts

Welcome

Welcome to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Introduction

Introduction to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Help

Additional help to assist you in completing the electronic application

HELP

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Questions 10-12

CEO, chief financial officer, and financial aid director

Questions 13-14

Correspondence recipient and application contact

Officials

Index for Application for Approval to Participate - Netscape

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Question 17 *State authorization*

Section C
Questions 18-21 *Institutional control and structure*

Section D
Questions 22-24 *For-profit institutions*
Question 25 *Other entities owned*

Section E
Question 26 *Education programs that you are requesting be eligible to participate in federal student financial aid programs*
Question 27
Question 28 *Ineligible institution agreements*

Section F
Questions 29-30 *School locations*

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Accreditation

State Authorization

Add programs

Add location

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Document Done

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Administrative capability and financial responsibility

Section L

Please have the appropriate person in authority review, sign, and date this document

Section M

A list of documents which must be sent separately to ED

Submit Application

After you have completed all of the necessary sections of the application, you must click here to submit the application to ED



Display Application

Click here to display your entire application on one page for printing.

Application Status

Check on the status of your application

Third Party Servicer

Supporting Documents

Display and print application

[Application Status](#)

Check on the status of your application

[Glossary](#)

Words and phrases used in the "Application for Approval to Participate in Federal Student Financial Aid Programs"

[Listing for Question 15](#)

Recognized Accrediting Agencies

[Listing for Question 27](#)

Classification of Instructional Program (CIP) Codes

[Privacy Act](#)

[Disclosure Notice](#)

[Application in PDF format](#)

This application is available in Portable Document Format (PDF), which preserves the original typeface and layout of documents. In order to read, navigate, and print PDF files you will need the Adobe Acrobat reader; if you do not have Acrobat, you may download a free copy from [Adobe Systems](#).

[Initial Applicants](#)

Instructions for schools that have never applied for Title IV certification

OMB No. 1845-0012 Exp. Date 09/30/2002

[Department of Education](#)

Regional Office Building 3 (ROB-3)

7th and D Streets, SW

Washington, DC 20202

Status

Print blank application

Initial schools

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Welcome

Introduction

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Question 26

Welcome to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Introduction to the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Additional help to assist you in completing the electronic application

General que
CEO, chief
Corresponde

Accreditatio
State authorization

Institutional control and structure

For-profit institutions
Other entities owned

Education programs that you are requesting be eligible to participate in federal student

Username and Password Required

Enter username for edrealm at eapp:

User Name:

Password:

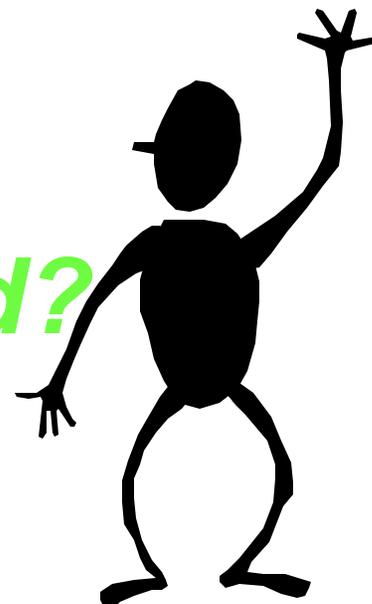
OK Cancel

ED + 8-digit OPEID Number

ED + 9-digit Taxpayer Identification No.

Connect: Please enter password for host...

*But what if I don't know
my user name or password?*



No problem - Just look on your
Program Participation Agreement (PPA)
or your Eligibility and Certification Approval
Report (ECAR), or give the case team a
call!

Section A (page 1 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section A. Please answer these general questions.

1. Tell us why you are submitting the application. (You may check more than one box.)

- Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
- Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
 - Check here if requesting a preacquisition review.
- Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
- Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
- Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
- Update Information.** The purpose of this application is to update information about the institution.
If you check "Update Information," please select at least one purpose from the pick-lists below.

Other (specify)

2. What is the name of your institution?

3. Do you have another name under which you legally do business as a postsecondary educational institution?

 Yes No

If yes, what is that name?

4. During the past four years, have you had another name that you have not previously reported to the Department of Education?

 Yes No

If yes, what was that name?

Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions. (You must enter the merger date in Question 19 (Section C)).

OPE ID

TIN

Location Name

If you entered merger information, [Click here](#) to redisplay this page to see the former schools' TIN numbers and names.

5. What are the first 6 digits of your 8-digit OPE ID number?

Current OPE ID (or former OPE ID if seeking reinstatement)

044444 00

6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?

(This does not apply to foreign schools.)

(If changing the TIN, please provide an explanation in Question 69 (Section K) except for Change in Ownership).

6b. What is your 9-digit DUNS number?

7. What was your most recently completed award year?

Beginning Date: 07/01/

Ending date: 06/30/

8. What is your current award year?

Beginning Date: 07/01/

Ending date: 06/30/

9. (Optional) Does your institution have a website (or home page) on the Internet?

Yes No

If yes, list the electronic address (URL).

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

E-App Section A. - Netscape

File Edit View Go Communicator Help

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page. **Everything's OK**
- Check here to perform the action selected below even if there are edit errors on this page. **Ignore the edit & keep going**
(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next? **Just looking**

- Redisplay page to enter more merger records.
- Redisplay this page
- Continue to next page
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Document Done

E-App Section A. - Netscape

File Edit View Go Communicator Help

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay page to enter more merger records.
- Redisplay this page
- Continue to next page
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Defaults to next page

Select section you want

Index

Document Done

Section A (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

10. Who is your chief executive officer (CEO)/president/chancellor?

For name changes, check here if this is a new person.

Prefix	First name	MI	Last name	Suffix
Mr	George	A	Washington	

Job title

Business street address

City

State

Zip

Zip+4

VA	22304	-	3234
----	-------	---	------

Foreign Province

Country

Postal Code

--	--	--

Telephone number (including area code)

Telephone number (including area code)

(703) 555 - 2343 ext:

Fax number (including area code)

(703) 555 - 4323 ext:

Foreign phone

Foreign fax

E-mail address (if applicable)

gwashtington@myschool.edu

11. Who is chief fiscal officer/financial officer?

Check here if this is the same person as in Question 10 (Mr. George A. Washington). If not, complete the information below.

For name changes, check here if this is a new person.

Prefix

Ms

First name

Betty

MI

R

Last name

Ross

Suffix

Job title

Vice President

Business street address

4321 Main Street

City

E-App Section A. - Netscape

File Edit View Go Communicator Help

State VA Zip 22304 - Zip+4 3234

Foreign Province Country Postal Code

Telephone number (including area code)
(703) 555 - 4323 ext:

Fax number (including area code)
(703) 555 - 3243 ext:

Foreign phone Foreign fax

E-mail address (if applicable)

12. Who is chief financial aid director?

Check here if this is the same person as in Question 10 (Mr. George A. Washington). If not, complete the information below.

For name changes, check here if this is a new person.

Prefix	First name	MI	Last name	Suffix
Mr	Ben	F	Franklin	

Job title
Director of Financial Aid

Document Done

Business street address

4321 Main Street

City

Fairfax

State

VA

Zip

22304

Zip+4

3234

Foreign Province

Country

Postal Code

Telephone number (including area code)

(703) 555 - 4323 ext:

Fax number (including area code)

(703) 555 - 4323 ext:

Foreign phone

Foreign fax

E-mail address (if applicable)

bfranklin@myschool.edu

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Redisplay this page
- Continue to Section A page 3
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section A (page 3 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

13. To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?

- Check here if this is the same person as in Question 10 (Mr. George A. Washington).
- Check here if this is the same person as in Question 12 (Mr. Ben F. Franklin).
- If neither of these people, check here and complete the information below.
- For name changes, check here if this is a new person.

Prefix

First name

MI

Last name

Suffix

<input type="text"/>				
----------------------	----------------------	----------------------	----------------------	----------------------

Job title

- Check here if the street address is the same as entered in Question 10 and do not re-enter it here.

Mailing address

City

State

Zip

Zip+4

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Foreign Province Country Postal Code

Telephone number (including area code)

() - ext:

Fax number (including area code)

() - ext:

Foreign phone

Foreign fax

E-mail address (if applicable)

14. Whom should we contact if we have questions about information in this form?

- Check here if this is the same person as in Question 10 (Mr. George A. Washington).
- Check here if this is the same person as in Question 12 (Mr. Ben F. Franklin).
- If neither of these people, check here and complete the information below.
- For name changes, check here if this is a new person.

Prefix First name MI Last name Suffix

Job title

- Check here if the street address is the same as entered in Question 10 and do not re-enter it here.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Redisplay this page
- Continue to Section B
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

OK/Save Data

or

Restore Original Values

- Check here if you are a foreign institution (including foreign graduate medical schools) and go to [Section C](#).

15. What is your accrediting agency?

If you have institution-wide accreditation, which accrediting agency provides this accreditation? If more than one accrediting agency provides accreditation, designate the one you wish us to use in determining your eligibility and continued eligibility.

If you do **not** have institution-wide accreditation, provide the following information for each accrediting agency that either accredits a program that is currently eligible or for which you are seeking eligibility. (This includes programs such as a hospital-based nursing program or radiologic technology program.)

You must include a copy of your current letter of accreditation.

	Need More Info	Accreditor Abbreviation	Name of Accreditor	Year Last Accredited	Number of Years	Primary Accreditor	Institution-wide/ Programmatic	End Date
Update/Review Accreditor		ACCET	Accrediting Council for Continuing Education & Training	1998	5	Yes	Institution-wide	

[Click here to add an accreditor.](#)

16. Check here if you do **not** offer a flight program and go to **Question 17**.

If you are a flight school, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number

Date FAA certification expires

(mm/dd/yyyy format)

Section B (page 2 of 4) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

15. Abbreviation of accrediting agency. ([A list of abbreviations accompanies this application.](#))

ACCET Accrediting Council for Continuing Education & Training

· What year did your accrediting agency last accredit you?

· For how many years is this accreditation granted?

- Check here if this is your Primary Accrerator.
- Check here if this is an Institution-wide Accrerator.
- Check here if this is a Programmatic Accrerator.

End Date (**Only** enter this date if you are **no longer** accredited by this agency)

 (mm/dd/yyyy format)

Check here to delete this Accrerator.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Return to Section B
- Add another accreditor
- Display next accreditor
- Continue to Section B (page 2)
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section B (page 3 of 4) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

17. What state agencies authorize or license you to provide postsecondary educational programs? (For this question, do not include educational programs that are provided at "distance learning" sites.

- a. Check here if you are a public institution and do **not** provide at least 50% of an educational program outside your state and **go to** [Section C](#) .
- b. Check here if you are a public institution and you **do** provide at least 50% of an educational program outside your state and list (for each state other than your "home" state) each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- c. Check here if you are a private institution and list each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- d. Check here if you or your programs are not required to be authorized or licensed by a state agency, and **include a copy of the basis for that determination.**

	Need More Info	Name of Agency	City and State	End Date
Update/Review State Authorizing Agency		VA Commonwealth Board of Education	Richmond, VA	

Select the state from the list [AK](#) then click here to add a state authorizing agency.

You must include a copy of your current state license(s) or other state authorization(s) and/or exemption(s).

You must include a copy of your current state license(s) or other state authorization(s) and/or exemption(s).

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Redisplay this page
- Continue to Section C
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

OK/Save Data

or

Restore Original Values

Section C (page 1 of 1) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section C. Please describe your institutional control and structure.

18. Check your type of institutional structure (check one).

- Public institution
- Private nonprofit 501(c)(3) institution

You must include a copy of your 501(c)(3) designation from the IRS.

- For-profit institution

Foreign institution (check one)

- Public institution
- Private non-profit institution

You must include a certified English translation of your nonprofit designation status.

- For-profit institution (**Note:** Foreign graduate medical schools are the only foreign for-profit institutions eligible to apply to participate in federal student financial aid programs.)

19. Check here if this is a request for initial certification, and **go to Question 20.**

For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure changed?

- Yes No

If yes, give the date of change.

(mm/dd/yyyy format)

- 20. Check here if you are a public institution, and go to Section E.
- Check here if you are **not** a public institution, and list the names of your board of trustees or your board of directors.
 - Check here if you have a board of trustees.
 - Check here if you have a board of directors.
 - Check here if you have more than 10 on your board, list only the board's executive committee, and provide the name of a contact person in Question 21.
 - Check here if the person in Question 10 (Mr. George A. Washington) is on the board and don't re-enter the name below.
 - Check here if the person in Question 12 (Mr. Ben F. Franklin) is on the board and don't re-enter the name below.

Prefix	First name	MI	Last name	Suffix	End Date (mm/dd/yyyy)
Ms	Mary	R	Smith		
Mr	Thomas	L	Jefferson	Jr	
Mr	Andrew	L	Jackson		10/10/1999

21. If you provide only the board's executive committee in Question 20, tell us who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

- Check here if this is the same person as in Question 10 (Mr. George A. Washington).
- Check here if this is the same person as in Question 12 (Mr. Ben F. Franklin).
- If neither of these people, check here and complete the information below.

Prefix

First name

MI

Last name

Suffix

Job title

- Check here if the street address is the same as entered in Question 10 and do not re-enter it here.

Business street address

City

State

Zip

Zip+4

Foreign Province

Country

Postal Code

Telephone number (including area code)

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Return to Section D
- Add another owner
- Display next owner
- Continue to Section D page 2
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section D (page 1 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section D. If you are a for-profit institution, or are a not for profit institution with a change in control, please answer these questions. (This includes for-profit foreign graduate medical schools.)

Check here if this does **not** apply to you, and go to [Section E](#).

22. Check type of ownership you have (check one).

- Corporation - publicly traded
- Corporation - not publicly traded
- Partnership
- Proprietorship

23 and 24. Provide information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.

Ownership tree

[Click here to see what ED's records show as the ownership tree of your institution.](#)

Step 1	Need More Info	Owners of Test School Number Four	Start Date	Percent Owned	End Date	Step 2
Update/Review this Owner		Water Schools, Inc.	01/01/1998	100		Click here for owners of Water Schools, Inc.

Section D [Help](#)**OPE ID:** 04444400**School Name:**

Test School Number Four

Your Reapproval (Recertification)
application has been submitted.

4321 Main Street
Fairfax, VA

Ownership Tree for Test School Number Four

Owner Name	TIN	Level	Start Date	Percent Owned
Water Schools, Inc.	323423432	1	01/01/1998	100
. . Mr. George Washington		2	01/01/1999	50
. . Mr. George A. Washington		2	01/01/1999	25
. . Mr. Ben F. Franklin		2	01/01/1999	25

Please note: The dots just represent spaces.

[Return to Section D to review or update your information.](#)

Section D (page 1 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section D. If you are a for-profit institution, or are a not for profit institution with a change in control, please answer these questions. (This includes for-profit foreign graduate medical schools.)

Check here if this does **not** apply to you, and go to [Section E](#).

22. Check type of ownership you have (check one).

- Corporation - publicly traded
- Corporation - not publicly traded
- Partnership
- Proprietorship

Update this owner

23 and 24. Provide information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.

[Click here to see what ED's records show as the ownership tree of your institution.](#)

Step 1	Need More Info	Owners of Test School Number Four	Start Date	Percent Owned	End Date	Step 2
Update/Review this Owner		Water Schools, Inc.	01/01/1998	100		Click here for owners of Water Schools, Inc.

Section D (page 2 of 3) [Help](#)**OPE ID:** 04444400**School Name:**

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.4321 Main Street
Fairfax, VA

24. Provide the following information for each owner that is a corporation or unincorporated business entity and directly or indirectly owns a 25% or greater interest in your institution.

Name of corporation or other business entity

Water Schools, Inc.

Business street address

4321 Main Street

City

Fairfax

State

VA

Zip

22304

Zip+4

- 3234

Foreign Province

Country

Postal Code

Telephone number (including area code)

(703) 555 - 4323 ext:

Fax number (including area code)

Percentage of ownership

Date ownership began

(mm/dd/yyyy)

TIN of owner

Give the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.

Prefix

First name

MI

Last name

Suffix

Job title

Company name, if applicable

Business street address

City

State

Zip

Zip+4

Foreign Province

Country

Postal Code



Section D (page 1 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section D. If you are a for-profit institution, or are a not for profit institution with a change in control, please answer these questions. (This includes for-profit foreign graduate medical schools.)

Check here if this does not apply to you, and go to [Section E](#).

22. Check type of ownership you have (check one).

- Corporation - publicly traded
- Corporation - not publicly traded
- Partnership
- Proprietorship

Go to Owners of this entity

23 and 24. Provide information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.

[Click here to see what ED's records show as the ownership tree of your institution.](#)

Step 1	Need More Info	Owners of Test School Number Four	Start Date	Percent Owned	End Date	Step 2
Update/Review this Owner		Water Schools, Inc.	01/01/1998	100		Click here for owners of Water Schools, Inc.

Section D. If you are a for-profit institution, or are a not for profit institution with a change in control, please answer these questions. (This includes for-profit foreign graduate medical schools.)

Check here if this does **not** apply to you, and **go to [Section E.](#)**

22. Check type of ownership you have (check one).

- Corporation - publicly traded
- Corporation - not publicly traded
- Partnership
- Proprietorship

23 and 24. Provide information for each owner or person that directly or indirectly owns a 25% or greater interest in Water Schools, Inc..

[Click here to redisplay this page with the owners of the Institution.](#)

[Click here to see what ED's records show as the ownership tree of your institution.](#)

Step 1	Need More Info	Owners of Water Schools, Inc.	Start Date	Percent Owned	End Date	Change Level of Owner	Step 2
Update/Review this Owner		Mr. George Washington	01/01/1999	50		<input type="checkbox"/> Up	
Update/Review this Owner		Mr. George A. Washington	01/01/1999	25		<input type="checkbox"/> Up	
Update/Review this Owner		Mr. Ben F. Franklin	01/01/1999	25		<input type="checkbox"/> Up	

[Click here to add a Person owner of Water Schools, Inc.](#)

[Click here to add an Entity owner of Water Schools, Inc.](#)

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay this page
- Continue to Section D page 2
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

OK/Save Data

or

Restore Original Values

Section D (page 3 of 3) [Help](#)**OPE ID:** 04444400**School Name:**

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

25. Within the last ten years, has a person or entity listed in Question 24 or a member of that person's family or a director of your institution owned 25% or more or held a position listed below of another institution that is now participating in or ever participated in federal student financial aid programs or of a third-party servicer listed in Question 58?

The ownership could be:

- individual *or*
- held by with one or more family members, *or*
- in combination with others, such as a voting trust.

The position held at another institution could be any of the following:

- member of the board of directors, *or*
- chief executive officer, *or*
- other executive officer of the institution or servicer.

Yes No

If yes, what is the name of the owner (either the name of a person or an entity) or the director?

If applicable, what is the name of the third-party servicer that is or was owned?

If applicable, what is the name of the institution that is or was owned?

If applicable, what is the current or former OPE ID of this institution?

Owner Name

Third-party Servicer

Institution Name

OPE ID

Enc

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Redisplay page to enter another owner.
- Redisplay this page
- Continue to Section E
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section E (page 1 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs that you wish to be eligible for federal student financial aid.** (You may check more than one box.)

Note: Post-baccalaureate students pursuing prerequisite coursework (such as prerequisite courses for medical school) have their eligibility determined on the basis of *student* eligibility for federal student financial aid criteria rather than *program* eligibility criteria. Therefore, these types of programs are not included here.

- a. associate degree programs
- b. bachelor's degree programs
- c. master's degree programs or doctoral degree programs
- d. first professional degree programs ([see glossary](#))
- e. graduate or professional programs that
 - do not lead to a post-baccalaureate degree
 - are at least 10 weeks, and
 - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.
- f. two-academic-year transfer programs ([see glossary](#))

g. undergraduate programs that

- lead to a certificate or other recognized educational credential,
- prepare students for gainful employment in a recognized occupation,
- are at least 15 weeks, and
- provide at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.

h. undergraduate programs that

- lead to a certificate or other recognized educational credential,
- prepare students for gainful employment in a recognized occupation,
- are at least 10 weeks, and
- provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.

AND

- require an enrolling student to have an associate degree or higher degree.

i. undergraduate programs that

- lead to a certificate or other recognized educational credential,
- prepare students for gainful employment in a recognized occupation.
- are at least 10 weeks, and
- provide at least 300 but not more than 599 clock hours of instruction.
- do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and
- have been provided for at least one year.

j. programs necessary for a professional credential or certification from a state and that are required for employment (for example, a teacher certification program to become a teacher in an elementary or secondary school in that state).

- Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
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(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay this page
- Continue to Section E page 2
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

OK/Save Data

or

Restore Original Values

Section E (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

27. If you checked boxes e., g., h., or i. in Question 26 provide the following information.

- a. Since you did not check box e. in question 26, question 27a is not displayed.
- b. Since you checked box g. or h. in question 26, you can click on the hot link to update information about your non-degree undergraduate programs.

	Need More Info	Approved	Institution's Program Name	CIP Code	# of weeks	Clock hours	Credit hours	Type
Update/Review Program			Accounting	52.0301	30	900	30	Semester

[Click here to add an undergraduate non-degree program.](#)

- c. Since you did not check box i. in question 26, question 27c is not displayed.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Section E (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

27. Name of program

CIP code *(A list of CIP Codes accompanies this application.)*

Date first provided

 (mm/dd/yyyy format)

Number of Weeks

Clock hours (number of hours) of instruction *(This is required information.)*

Number of credit hours

Type of Hours (check one)

- semester trimester quarter clock other

Do you award an equivalent degree [\(see glossary\)](#) as determined by the U.S. Secretary of Education to a student who successfully completes this program?

- Yes No

Listing for Question 27: (Click your browser's "Back" button to return.)

Classification of Instructional Program (CIP) Codes

(alphabetical by program name)

HINT: To copy and paste the CIP Code into Question 27, highlight the code, press Ctrl-C, press your browser's back button, click on the CIP Code field and press Ctrl-V.

[\[A\]](#) [\[B\]](#) [\[C\]](#) [\[D\]](#) [\[E\]](#) [\[F\]](#) [\[G\]](#) [\[H\]](#) [\[I\]](#) [\[J\]](#) [\[K\]](#) [\[L\]](#) [\[M\]](#) [\[N\]](#) [\[O\]](#) [\[P\]](#) [\[Q\]](#) [\[R\]](#) [\[S\]](#) [\[T\]](#) [\[U\]](#) [\[V\]](#) [\[W\]](#) [\[X\]](#) [\[Y\]](#) [\[Z\]](#)

- 52.0301 Accounting
- 52.0302 Accounting Technician
- 52.0399 Accounting, Other
- 40.0809 Acoustics
- 50.0503 Acting and Directing
- 52.0802 Actuarial Science
- 51.2701 Acupuncture and Oriental Medicine
- 31.0502 Adapted Physical Education/Therapeutic Recreation
- 34.0104 Addiction Prevention and Treatment
- 13.0402 Administration of Special Education
- 52.0401 Administrative Assistant/Secretarial Science, General
- 52.0499 Administrative and Secretarial Services, Other
- 13.0403 Adult and Continuing Education Administration
- 13.1201 Adult and Continuing Teacher Education
- 09.0201 Advertising
- 15.0801 Aeronautical and Aerospace Engineering Tech /Technician

27. Name of program

CIP code ([A list of CIP Codes accompanies this application.](#))

Date first provided

 (mm/dd/yyyy format)

Number of Weeks

Clock hours (number of hours) of instruction (*This is required information.*)

Number of credit hours

Type of Hours (check one)

 semester trimester quarter clock otherDo you award an equivalent degree ([see glossary](#)) as determined by the U.S. Secretary of Education to a student who successfully completes this program? Yes NoIs each course within the program acceptable for full credit toward your associate degree or higher degree *or* an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study? Yes No

Section E (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

27. If you checked boxes e., g., h., or i. in Question 26 provide the following information.

- a. Since you did not check box e. in question 26, question 27a is not displayed.
- b. Since you checked box g. or h. in question 26, you can click on the hot link to update information about your non-degree undergraduate programs.

	Need More Info	Approved	Institution's Program Name	CIP Code	# of weeks	Clock hours	Credit hours	Type
Update/Review Program			Accounting	52.0301	30	900	30	Semester
Update/Review Program			Accounting for Corportion	52.0302	30	720	24	Semester

[Click here to add an undergraduate non-degree program.](#)

- c. Since you did not check box i. in question 26, question 27c is not displayed.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

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Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Return to Question 27
- Add another program
- Display next program
- Continue to Section E page 3
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section E (page 3 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

28. Do you contract with an organization or ineligible institution to provide more than 25% of any educational program?

Yes No

If yes, provide the following information.

a. Name of program

Name of organization or ineligible institution

Corporation Name, if applicable

Business street address

City

State

Zip

Zip+4

Section F (page 1 of 2) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section F. Please tell us about your locations.

29. What is your principal location?

Name of Location

Test School Number Four

Business street address

4321 Main Street

City

Fairfax

County

FAIRFAX

State

VA

Zip

22304

Zip+4

3234

Foreign Province

Country

Postal Code

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:

Foreign Province Country Postal Code

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:

- It is a location where students could complete 50% or more of an educational program that you offer during the current award year.

or

- It is a location where students could complete at least 50% of an educational program over a two-year period (consisting of the current award year and the most recently completed award year).

or

- It is a location where you provide any educational programs if, during the past two-year period (consisting of the current award year and the most recently completed award year), you told students that they could complete at least 50% of any educational programs there.

Review location

	Need More Info	Approved	OPE ID	Location Name	City and State	End Date
Update/Review Location	Yes		04444401	Test School Number Four - Arlington Campus	Arlington, VA	

[Click here to add a location.](#)

Add new location

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

Please select county from the list.

Section F (page 2 of 2) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

30. Name of Location

Test School Number Four - Arlington Campus

Business street address

87 West Main Street

City

Arlington

County

State

VA

Zip

22112

Zip+4

- 1111

Foreign Province

Country

Postal Code

OPE ID

044444 01

DUNS number (Optional)

343434343

Please select county from the list.

Section F (page 2 of 2) [Help](#)
Your Reapproval (Recertification)
application has NOT been submitted.

OPE

- ACCOMACK
- ALBEMARLE
- ALEXANDRIA (CITY)
- ALLEGHANY
- AMELIA
- AMHERST
- APPOMATTOX
- ARLINGTON**
- AUGUSTA
- BATH
- BEDFORD
- BEDFORD (CITY)
- BLAND
- BOTETOURT
- BRISTOL (CITY)
- BRUNSWICK
- BUCHANAN
- BUCKINGHAM
- BUENA VISTA (CITY)

Location Name:

Test School Number Four
4321 Main Street
Fairfax, VA

30. Name of Location

Test School Number Four - Ar

Business street address

87 West Main Street

City

Arlington

State

Zip

Zip+4

VA

22112

- 1111

Foreign Province

Country

Postal Code

OPE ID

DUNS number (Optional)

044444 01

343434343

30. Name of Location

Test School Number Four - Arlington Campus

Business street address

87 West Main Street

City

Arlington

County

ARLINGTON

State

VA

Zip

22112

Zip+4

1111

Foreign Province

Country

Postal Code

OPE ID

044444 01

DUNS number (Optional)

343434343

End Date (Enter date if this additional location is no longer valid.)

(mm/dd/yyyy format)

Would you like to receive mailings from the Department at this location?

Yes

No

Check here if the mailing address is different from the address above, and provide the mailing address below.

Would you like to receive mailings from the Department at this location?

Yes No

If you checked "Yes" above and the mailing address is different from the address above, then check here and provide the mailing address below.

Mailing address

City

State Zip Zip+4

 -

Foreign Province

Country

Postal Code

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Return to Section F
- Add another location
- Display next location
- Continue to Section G
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section G (page 1 of 1) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

Most Recently Completed Award Year:

2000

Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.

31. For the most recently completed award year, were more than 50% of your courses taught by means of telecommunications and/or correspondence (tele/corr)?

Note: If a course is offered through traditional methods and through tele/corr, then that course should be counted under both traditional methods and tele/corr. Therefore, the same course might be counted more than once.

Yes

No

32. For the most recently completed award year, were 50% or more of your regular students enrolled in tele/corr courses?

Yes

No

33. During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

Note: Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

Yes

No

34. During the most recently completed award year, were 25% or more of your regular students incarcerated?

Yes

No

Yes No

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Redisplay this page
- Continue to Section J
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section J (page 1 of 2) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section J. Please tell us about your third-party servicers.

Check here if you do **not** contract with a third-party or outside servicer, and **go to** [Section K.](#)

58. If you contract with any third-party servicer or outside party to perform any function related to federal student financial aid programs, provide the following information about each servicer.

Note: Do **not** list independent auditors. Also do **not** list vendors that provide books, forms, or computer programs (in other words, do not list vendors unless they actually perform services or functions for you).

[Click here to add a servicer.](#)

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.
(**Note:** These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.

Section K (page 1 of 1) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification)
application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section K. Please assure us of your administrative capability and your financial responsibility.

Note: To expand on any of your answers, use [Question 69](#).

59. Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16.)
 Yes
60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)
 Yes
61. Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 674.19, 675.19, 676.19, and 690.81.)
 Yes
62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)
 Yes
63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)
 Yes
64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need

64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)
- (This question does not apply to foreign schools.)
- Yes
65. Do you have a policy that meets federal regulations for refunding tuition when a student withdraws from classes? (See 34 CFR 668.22.)
- Yes
- 66a. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)
- Yes
- 66b. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)
- Yes
67. Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16.)
- Yes
68. Do you have a process to notify us within 10 days about important changes, such as changes in your name, a change in ownership that results in a change of control, or adding a location where you provide at least 50% of an educational program? (See 34 CFR 600.30 and 668.12.)
- Yes
69. **(Optional)** Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.

Note: Please do not enter any double quote marks (") within the body of your comments.

69. **(Optional)** Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.

Note: Please do not enter any double quote marks (") within the body of your comments.

Use this area to provide additional information or explanation

70. **(Optional)** Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.

Prefix	First name	MI	Last name	Suffix
<input type="text"/>				

Job title

Business street address

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Redisplay this page
- Continue to Section L
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section L (page 1 of 1) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section L. Please have the appropriate person in authority review, sign, and date this document.

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date

(mm/dd/yyyy format)

Name of institution

Test School Number Four

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10 (Mr. George A. Washington). If not, complete the information below.

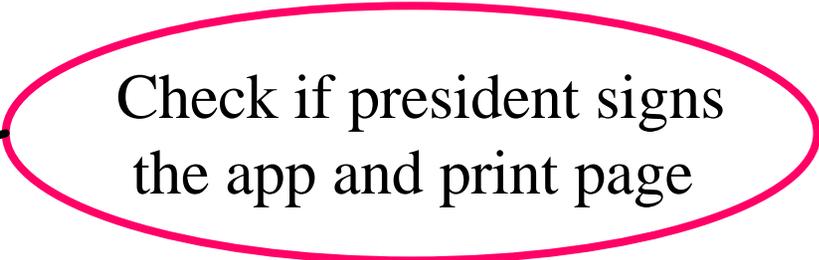
Prefix

First name

MI

Last name

Suffix



If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
 - Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
 - Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)
-

Where do you want to go next?

- Redisplay this page
- Continue to Section M
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Please this page and submit it with the supporting documents listed in Section M.

Section M (page 1 of) [Help](#) **OPE ID:** 04444400 **School Name:** Test School Number Four
Your Reapproval (Recertification) application has NOT been submitted. 4321 Main Street
Fairfax, VA

Section M. Please include copies of appropriate documents as part of your application.

Because Test School Number Four has been designated as a Proprietary institution on this application, and because this application is for Reapproval (Recertification), the following documents must be submitted in order to complete this application.

- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation
- Valid state license or other authorization

Please this page, provide the SSN for each owner listed below, and submit it with your required supporting documents.

Name	SSN
Mr. George Washington	_____
Mr. George A. Washington	_____
Mr. Ben F. Franklin	_____

If you are finished with your application, use the [Application Submission page](#) to submit it or return to Electronic Application [Index](#) to access another section of the Application.

Application for Approval to Participate in Federal Student Financial Aid Programs

Case Management and Oversight, U.S. Department of Education

Application Submission

It will tell you if data is still needed

OPE ID: 04444400

School Name: Test School Number Four

All required entries have been made on your application.

Please click on the button to submit your application to ED.

If ok, click on the Submit Application button

Your application has been received by the Department of Education.

10/27/2001 12:03pm Eastern time

Refer to [Section M](#) for a list of all supporting documentation **REQUIRED** for this application which **MUST** be sent to ED separately.

Send the signature page ([Section L](#)) and copies of required supporting documents to us.

If by U.S. Postal Service:

U.S. Department of Education
Case Management and Oversight
P.O. Box 44805
L'Enfant Plaza Station
Washington, DC 20026-4805

If by commercial overnight mail/courier delivery:

U.S. Department of Education
Case Management and Oversight
Room 3514
7th and D Streets, SW-GSA Building
Washington, DC 20407

We recommend that you retain proof of when you submit the application.

Refer to the [Application Status](#) page which is available from the Electronic Application [Index](#) for information on the status of your application.

Application for Approval to Participate in Federal Student Financial Aid Programs

Case Management and Oversight, U.S. Department of Education

Application Status

OPE ID: 04444400

School Name: Test School Number Four

Your Reapproval (Recertification) application was submitted on 10/27/2001

Awaiting initial submission or ED's review of supporting documentation.

Return to [Application Index](#)



Update Application

How do I add a new location?

Use the EAPP
It's a Snap



**You must always select a purpose.
Check update, then click on the ▼.**

E-App Section A - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 04444400 School Name: Test School Number Four
No application has been started. 4321 Main Street
Fairfax, VA

Section A. Please answer these general questions.

1. Tell us why you are submitting the application. (You may check more than one box.)

- Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
- Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
 - Check here if requesting a preacquisition review.
- Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
- Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
- Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
- Update Information.** The purpose of this application is to update information about the institution.
If you check "Update Information," please select at least one purpose from the pick-lists below.



Select the section you want to go to next

E-App Section A. - Netscape

File Edit View Go Communicator Help

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page. (Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application. (Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay page to enter more merger records.
- Redisplay this page
- Continue to next page
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Document: Done



New Enhancement to the EAPP for Updates

If the school chooses only one purpose, the choice “continue to next page”, will take you directly to the page you want to go, instead of you having to put in the appropriate section in “go to Section ”.

Foreign Province Country Postal Code

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:

- It is a location where students could complete 50% or more of an educational program that you offer during the current award year.

or

- It is a location where students could complete at least 50% of an educational program over a two-year period (consisting of the current award year and the most recently completed award year).

or

- It is a location where you provide any educational programs if, during the past two-year period (consisting of the current award year and the most recently completed award year), you told students that they could complete at least 50% of any educational programs there.

	Need More Info	Approved	OPE ID	Location Name	City and State	End Date
Update/Review Location		Yes	04444401	Test School Number Four - Arlington Campus	Arlington, VA	

[Click here to add a location.](#)

Add new location

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.



Enter information about the new location here

Section F (page 2 of 2) [Help](#) **OPE ID:** 04444400 **School Name:** Test School Number Four

Your Additional Location application has NOT been submitted. 4321 Main Street
Fairfax, VA

30. Name of Location

Business street address

City **County**

State **Zip** **Zip+4**

-

Foreign Province **Country** **Postal Code**

OPE ID **DUNS number (Optional)**

(If you do not have a DUNS number, you can contact Dun & Bradstreet at 1-800-333-0505 to have a number assigned.)

Would you like to receive mailings from the Department at this location?

Yes No

Check here if the mailing address is different from the address above, and provide the mailing address below.

Section F (page 2 of 2) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Additional Location application has NOT been submitted.

4321 Main Street
Fairfax, VA

30. Name of Location

Test School Number Four - North Campus

Business street address

123 North Street

City

Alexandria

County

Alexandria

State

VA

Zip

22111

Zip+4

2342

Foreign Province

Country

Postal Code

OPE ID DUNS number (Optional)

(If you do not have a DUNS number, you can contact Dun & Bradstreet at 1-800-333-0505 to have a number assigned.)

Would you like to receive mailings from the Department at this location?

Yes

No

Check here if the mailing address is different from the address above, and provide the mailing address below.

E-App Section F. - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Would you like to receive mailings from the Department at this location?

Yes No

If you checked "Yes" above and the mailing address is different from the address above, then check here and provide the mailing address below.

Mailing address

City

State Zip Zip+4

-

Foreign Province Country Postal Code

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

Would you like to receive mailings from the Department at this location?

Yes No

Check here if the mailing address is different from the address above, and provide the mailing address below.

Mailing address

P.O. Box 123

City

Alexandria

State

Zip

Zip+4

VA

22111

- 1123

Foreign Province

Country

Postal Code

Check here to delete this Location.

If you added it,
You can delete it

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

Check here if you are satisfied with your entries on this page.

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Return to Section F
- Add another location
- Display next location
- Continue to Section G
- Go to Section
- Return to Index
- Submit the Application.

Go to the signature page



(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Section L (page 1 of 1) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Additional Location application has NOT been submitted.

4321 Main Street
Fairfax, VA

Section L. Please have the appropriate person in authority review, sign, and date this document.

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date

(mm/dd/yyyy format)

Name of institution

Test School Number Four

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10 (Mr. George A. Washington). If not, complete the information below.

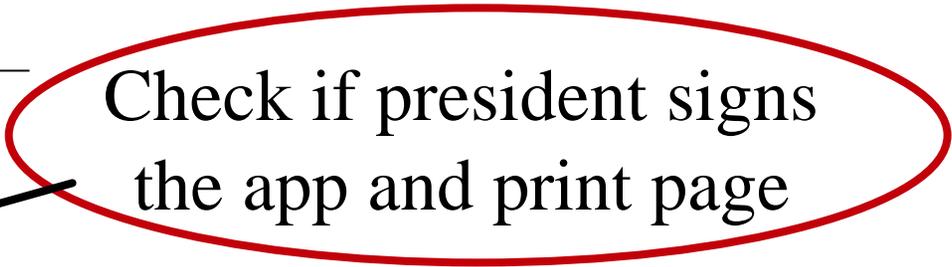
Prefix

First name

MI

Last name

Suffix



E-App Section L - Netscape

File Edit View Go Communicator Help

Enter mail address (if applicable)

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay this page
- Continue to Section M
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Document Done



Section M tells you what documents to mail

E-App Section M. - Netscape

File Edit View Go Communicator Help

Section M (page 1 of) [Help](#) **OPE ID:** 04444400 **School Name:** Test School Number Four
Your Additional Location application has NOT been submitted. 4321 Main Street
Fairfax, VA

Section M. Please include copies of appropriate documents as part of your application.

Because Test School Number Four has been designated as a Proprietary institution on this application, and because this application is for Additional Location, the following documents must be submitted in order to complete this application.

- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation
- Valid state license or other authorization

Next, click on the Application Submission page hot link!

If you are finished with your application, use the [Application Submission page](#) to submit it or return to Electronic Application [Index](#) to access another section of the Application.

Document: Done

Application for Approval to Participate in Federal Student Financial Aid Programs

Case Management and Oversight, U.S. Department of Education

Application Submission

It will tell you if data is still needed

OPE ID: 04444400

School Name: Test School Number Four

All required entries have been made on your application.

Please click on the button to submit your application to ED.

If ok, click on the Submit Application button

Application Submission

OPE ID: 04444400

School Name: Test School Number Four

Your Additional Location application has been received by the Department of Education.

Receipt

10/31/2000 12:40 a.m. Eastern Time

You must receive written approval from ED for your new location(s) before you disburse Title IV funds to students at the new location(s)

Send the signature page ([Section L](#)) and copies of required supporting documents to us.

If by U.S. Postal Service:

U.S. Department of Education
Case Management and Oversight
P.O. Box 44805
L'Enfant Plaza Station
Washington, DC 20026-4805

If by commercial overnight mail/courier delivery:

U.S. Department of Education
Case Management and Oversight
Room 5643
7th and D Streets, SW-GSA Building
Washington, DC 20407

Choice of address

How do I report a change of officials (President, Fiscal Officer, or Financial Aid Administrator)?

No problem - the EAPP is the way to report the new officials





Change Officials/Directors

- Go to Section A - Question 1 (Purpose)
- Select “Officials/Directors of Institution”
- Go to next page, Section A, page 2
- Enter the new official, don’t forget to check the box “new person”
- Go to Section L - President’s signature

E-App Section A. - Netscape

File Edit View Go Communicator Help

Section A (page 1 of 3) [Help](#) OPE ID: 04444400 School Name: Test School Number Four
4321 Main Street
Fairfax, VA

No application has been started.

Section A. Please answer these general questions.

1. Tell us why you are submitting the application. (You may check more than one box.)
 - Initial Certification.** This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other Higher Education Amendments (HEA) programs.
 - Change in institutional ownership or structure.** This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.
 - Check here if requesting a preacquisition review.
 - Recertification.** This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's Program Participation Agreement (PPA) will expire soon.
 - Designation as an eligible institution.** This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than Title IV student financial aid programs, including the Hope and Lifetime Tax Credits.
 - Reinstatement.** This is a request to be reinstated to participate in federal student financial aid programs and/or to be redesignated as an eligible institution for other HEA programs.
 - Update Information.** The purpose of this application is to update information about the institution.

If you check "Update Information," please select at least one purpose from the pick-lists below.

Officials/Directors of Institution - 17

Officials/Directors of Institution

Document Done

E-App Section A. - Netscape

File Edit View Go Communicator Help

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay page to enter more merger records.
- Redisplay this page
- Continue to next page ← **Defaults to Section A, page 2**
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

OK/Save Data or Restore Original Values

Document Done

Section A (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Reapproval (Recertification) application has NOT been submitted.

4321 Main Street
Fairfax, VA

10. Who is your chief executive officer (CEO)/president/chancellor?

For name changes, check here if this is a new person.

Prefix	First name	MI	Last name	Suffix
Mr	George	A	Washington	

Job title

President

Business street address

4321 Main Street

City

Fairfax

State

Zip

Zip+4

VA

22304

- 3234

Foreign Province

Country

Postal Code

Telephone number (including area code)

New Person

Section A (page 2 of 3) [Help](#)

OPE ID: 04444400

School Name:

Test School Number Four

Your Officials/Directors of Institution
application has NOT been submitted.

4321 Main Street
Fairfax, VA

10. Who is your chief executive officer (CEO)/president/chancellor?

 For name changes, check here if this is a new person.

Prefix

First name

MI

Last name

Suffix

Mr

Sean

A

Adams

Job title

President

Business street address

4321 Main Street

City

Fairfax

State

Zip

Zip+4

VA

22304

- 3234

Foreign Province

Country

Postal Code

Telephone number (including area code)

E-App Section A. - Netscape

File Edit View Go Communicator Help

bfranklin@myschool.edu

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.
(Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application.
(Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay this page
- Continue to Section A page 3
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Document Done



Change of Officials (Cont.)

- Go to Section M - Tells you what supporting documents to send
- Go to Application Submission Page - Tells you if there is any data missing
- Go to Submit Application - transmits the application & gives you a receipt
- Mail Supporting Documents



But ...What About Comments?

If you wish to provide additional information about the application or data you entered

...

- **Go to Section K**
- **Question 69**

69. **(Optional)** Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.

Note: Please do not enter any double quote marks (") within the body of your comments.

Use this area to provide additional information or explanation

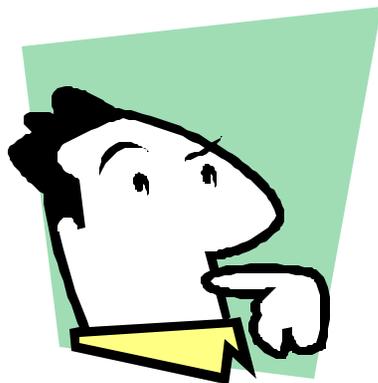
70. **(Optional)** Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.

Prefix	First name	MI	Last name	Suffix
<input type="text"/>				

Job title

Business street address

How can you check on the status of your application?



- No problem --go to the EAPP
-- It's a Snap

Section I

Questions 41-46

Foreign institutions

Questions 47-57

Foreign graduate medical schools

Section J

Question 58

Third-party servicers

Section K

Questions 59-70

Administrative capability and financial responsibility

Section L

Please have the appropriate person in authority review, sign, and date this document

Section M

A list of documents which must be sent separately to ED

Submit Application

After you have completed all of the necessary sections of the application, you must click here to submit the application to ED

Status

Application Status

Check on the status of your application

Glossary

Words and phrases used in the "Application for Approval to Participate in Federal Student Financial Aid Programs"

Listing for Question 15

Recognized Accrediting Agencies

Listing for Question 27

Classification of Instructional Program (CIP) Codes



Application Status

- The _____ application you started has NOT been submitted to ED. You must use the Submit Application page to do so.
- Your _____ application was submitted on _____. Awaiting initial submission of supporting documentation.



Application Status

- Your _____ application was submitted on _____. Supplemental documentation has been requested by Case Management on _____.
- Awaiting review.
- Review in process.



Application Status

- Update access was turned on for school on _____.
- Application was last resubmitted on _____.
- Documentation preparation in process.



Who Do I Contact If I Have Questions?

- Case Management Teams
 - User name and password problems
 - How to enter additional information
 - What information you need to enter



Who Do I Contact If I Have Questions?

- PEPS Operations Office
 - Oracle problems or strange web messages
 - Unable to access the web address
 - (202) 377-3585 or 377-3583



Who Do I Contact If I Have Questions?

Document Receipt and Control Center

Questions about the receipt of your supporting documents

(202) 205-1936/7/8



Case Management Team Contacts

Internet: IPOS@ed.gov

Boston team - (617) 223-9338

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

New York team - (718) 488-3590

New Jersey, New York, Puerto Rico, and the Virgin Islands

Philadelphia team - (215) 656-6442

Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Atlanta team - (404) 562-6315

Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina

Chicago team - (312) 886-8767

Illinois, Minnesota, Ohio, and Wisconsin



Case Management Team Contacts (continued)

Dallas team - (214) 880-3044

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Kansas City team - (816) 880-4053

Iowa, Kansas, Kentucky, Missouri, Nebraska, and Tennessee

Denver team - (303) 844-3677

Colorado, Michigan, Montana, North Dakota, South Dakota, Utah, and Wyoming

San Francisco team - (415) 556-4295

Arizona, California, Hawaii, Nevada, American Samoa, Guam, Federated States of
Micronesia, Palau, Marshall Islands, and Northern Marianas

Seattle team - (206) 615-2594

Alaska, Idaho, Indiana, Oregon, and Washington

Foreign School team - (202) 377-3168



QUESTIONS?