



NON-INSTITUTION OF HIGHER LEARNING PROGRAM SUBMISSION LISTS

INSTRUCTIONS

When completing VA Form 22-10288a, Program Submission List, please only complete the section related to the type of training provided by your facility, leaving the pages with different types of training blank. Please complete Part I and Part II below in their entirety.

Please Note: This form must be submitted with VA Form 22-10288, Application for Approval of a Non-College Degree, Vocational Flight School, License/Certification Exam, Preparatory Courses for License/Certification, Correspondence School, High School, Apprenticeship/On-the-Job Training or Multi-State Apprenticeship Facility.

After completing the Application and Program Submission List, please email the documents to the State Approving Agency (SAA) of jurisdiction for their review. Please use this link: <https://nasaa-vetseducation.com/nasaa-contacts/> to locate the SAA with jurisdiction over your facility (or facilities).

SIGNATURE PAGE		
PART I: INSTITUTION CONTACTS		
NAME OF SCHOOL CERTIFYING OFFICIAL <i>(Leave blank for original application)</i>	SCHOOL CERTIFYING OFFICIAL EMAIL ADDRESS <i>(Leave blank for original application)</i>	
PART II: CERTIFICATION AND SIGNATURE OF AUTHORIZING OFFICIAL		
NOTE: ADDITIONAL DOCUMENTATION - The State Approving Agency and/or VA may require additional information or documentation to process a facility approval and meet applicable state or federal laws.		
I CERTIFY THAT all statements in this application are true and correct to the best of my knowledge and belief.		
NAME OF AUTHORIZING OFFICIAL	SIGNATURE OF AUTHORIZING OFFICIAL	DATE SIGNED <i>(MM/DD/YYYY)</i>
PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any sources other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations, Section 1.526 for routine uses (e.g. VA sends education forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training as identified in the VA System of Records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register.		
RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0932, and it expires 01/31/2028. Public reporting burden for this collection of information is estimated to average 1 hour per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov . Please refer to OMB Control No. 2900-0932 in any correspondence. Do not send your completed VA Form 22-10288a to this email address.		



LICENSE/CERTIFICATION EXAM ORGANIZATION - EXAMINATION SUBMISSION LIST

1. INSTITUTION NAME

2. FACILITY CODE

3. PUBLICATIONS USED IN THIS FORM

1)

2)

3)

SUBMITTED EXAMS FOR EVALUATION OF APPROVAL

License or Certification Information Section

License or Certification (L/C):

☐

License

☐

Certification

☐

CIP Code

Date Valid: _____

Name of License or Certification: _____

L/C Abbreviation: _____

Length of time L/C is valid: _____

Prerequisite education or training
needed to obtain the L/C: _____

Entities that recognize the L/C: _____

Requirements for maintaining or renewing the L/C: _____

Exam(s) License or Certification Information Section

Name of exam(s) seeking reimbursement: _____

Exam(s) name Abbreviation: _____

Maximum fee charged for exam (Only exam related fees may be reimbursed): \$ _____

Description of exam(s) including purpose: _____

Requirements to take the exam(s): _____

Length of time before results are released: _____

Description of exam(s) including purpose: _____

REMARKS

Please fill-out a new copy of this page for any additional License/Certification and Exams you would like to have approved for VA Education Benefits.

This is page ____ of ____ with programs submitted for approval.

SAA USE ONLY -
Approve (Y/N)

SAA ONLY - REMARKS