

**CERTIFICATION OF COMPLIANCE WITH CFR 21.4265(f)(2)
PRACTICAL TRAINING**

Institution Name: _____

Address: _____

- I. Explanation:** Institutions must specifically certify that Practical Training Courses (Internship, Externship, Practicum, Occupational Based Instruction) meet the minimum Federal and state approval criteria. This certification is not required for clinical training for medical and dental specialty courses.
- II. Certification of Other Practical Training Courses:** The undersigned certifies that the Practical Training courses offered by this institution listed below and certified to the U.S. Department of Veterans Affairs for educational benefits meet the following criteria:
- A. Accredited by a U.S. Department of Education recognized accrediting agency.
 - B. A part of the approved curriculum of the school.
 - C. Directly supervised by the school.
 - D. Measured in the same unit as other courses.
 - E. Required for graduation.
 - F. A planned program of activities described in the school's official publication which is approved by the State Approving Agency and which is institutional in nature, as distinguished from on-the-job-training.
 - G. The description of the course shall include at least the following:
 - 1. A unit subject description;
 - 2. A provision for an assigned instructor;
 - 3. A statement that the planned program of activities is controlled by the school, not by the officials of the job establishment;
 - 4. A requirement that class attendance on at least a weekly basis be regularly scheduled to provide for interaction between instructor and student;
 - 5. A statement that appropriate assignments are required for completion of the course;
 - 6. A grading system similar to the system used for other resident subjects offered by the school;
 - 7. A schedule of time required for the training, which demonstrates that the student shall spend at least as much time in preparation and training as is normally required by the school for its other resident courses.
- III. Courses Submitted for Consideration:** The undersigned requests that the following Practical Training Courses (Internship, Externship, Practicum, Occupational Based Instruction) be approved under the provisions of 38 CFR §21.4265(f)(2). (Attach additional pages if necessary).

<u>Course No.</u>	<u>Course Title</u>	<u>Page No. Of Catalog/Bulletin</u>
-------------------	---------------------	-------------------------------------

Signature of Institution's Authorized Representative **Date**

Printed Name of Institution's Authorized Representative/Official Title **Facility Code**

CALIFORNIA STATE APPROVING AGENCY FOR VETERANS EDUCATION
1227 O Street, Suite 314 Sacramento, CA 95814
Telephone (916) 503-8317 Fax (916) 653-1035