

State of New Jersey

Department of Military and Veterans Affairs

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| Philip D. Murphy  *Governor*  *Commander-in-Chief* |  | Sheila Oliver *Lieutenant Governor* |  | Lisa J. Hou, D.O.  *Brigadier General*  *The Adjutant General* |

APPLICATION FOR EDUCATION INSTITUTION AND PROGRAM APPROVAL - INITIAL

TITLE 38, U.S. CODE § 3671(a) and § 3672(b)

ON-THE-JOB TRAINING (OJT)

TITLE 38, U.S. CODE § 3677

The New Jersey State Approving Agency (NJ SAA), a division of the New Jersey Department of Military and Veterans Affairs (NJ DMAVA), is responsible for the approval of courses/programs pursuant to requirements defined in the US Code of Federal Regulations (CFR), Title 38. On-the-Job Training (OJT) programs are programs not registered with the federal department of labor or state apprenticeship agency. The OJT program must be structured, systematic, and progressive consisting of on-the-job training and meet the standards of 38 U.S. Code § 3677. NJ SAA will not issue a grant of approval under 38 CFR § 21.4262 when the evidence of record demonstrates that an institution and/or its programs fail to fully comply with 38 U.S. Code § 3677.

**INSTRUCTIONS**

By submitting an application, the institution agrees to comply with all applicable federal and state statutory requirements for Title 38 approval. Failure to properly administer the program may result in an adverse administration action.

Please complete this application in the format provided. Information should be provided in the sequence of the application and submitted in a hard copy. If attachments are necessary, please label them for the correct part of this application. Each section of the application must be completed with accurate and current information. Do not alter the application in any way. ***(Please note that there is no need to duplicate required information. If information is provided in sufficient detail in the training outline, please note the training outline page number when duplications occur.)***

**SECTION I:** Institutional and Program Elements

A. **Administrative Requirements**: Required documents or information

B. **General Institutional Requirements**: Institutional data

### C. Program Requirements: Detailed program information

**SECTION II:** Acknowledgement of Approval Conditions that are applicable to the institution

**SECTION III:** Submission of the application

**SECTION IV:** Inspection of the institution

# SECTION I: INSTITUTION AND PROGRAM ELEMENTS

A. ADMINISTRATIVE REQUIREMENTS:

Complete the following required documents.

1. Complete VA Form 22-8794, Designation of Certifying Officials. ***Only individuals listed on this form are authorized to sign the initial and monthly certification forms for veteran’s benefits.*** When any changes in the certifying officials occur, a new form must be completed and submitted to the SAA. The SAA will forward a copy of this form to the Department of Veterans Affairs (VA).
2. Complete VA Form 22-8865, Employer’s Application to Provide Job Training.
3. Complete SAA Form for GI Bill® Trademark Terms of Use.
4. Complete the SAA Form for Wage Schedule for Apprenticeship/On-the-Job Training. **This document should be completed for each program the institution wishes to have approved.**

### B. GENERAL INSTITUTIONAL REQUIREMENTS:

1. Provide the name, address, and phone number for all locations where training will occur.

|  |  |
| --- | --- |
| Name of Institution | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Locations | Click or tap here to enter text. |

1. Please identify where trainee records will be kept.

|  |  |
| --- | --- |
| Records are kept… | Click or tap here to enter text. |

1. Provide the name, e-mail address, and phone number of the person completing the application, the institution owner or equivalent, **and** the principal contact person for each New Jersey location. Correspondence relating to this application will be sent to the institution owner or equivalent and to the application contact identified.

|  |  |
| --- | --- |
| Name of Person Completing APP | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Institution Owner | Click or tap here to enter text. |
| Principal Contact for NJ Location | Click or tap here to enter text. |

1. Provide the institutional profit/ownership status (Public, Proprietorship, Partnership, Corporation for Profit, Corporation Nonprofit, etc.).

|  |  |
| --- | --- |
| Public |  |
| Proprietorship |  |
| Partnership |  |
| Corporation for Profit |  |
| Corporation Nonprofit |  |
| Other | **Explanation**: Click or tap here to enter text. |

### C. PROGRAM REQUIREMENTS:

### You need to complete Section C for every single program at your institution.

### The following additional information must be provided for each OJT program offered in the state of New Jersey for which approval is requested.

Pursuant to 38 CFR § 21.7020(b)(22), a vocational objective is one that leads to an occupation. *Institutions must maintain evidence that supports all advertised claims in order to demonstrate that the program leads to an occupation (38 CFR § 21.4252(h).* Approval will not be granted for any OJT programs that fail to lead to an occupation.

Pursuant to 38 CFR § 21.4262(c)(3), an OJT program must consist of at least six months and not more than two years of training. An approval will not be granted for any OJT program that does not meet these requirements. The duration of the program is Click or tap here to enter text..

The programs may not be career enhancement.

1. Provide the TITLE below of the specific job objective for which the veteran/eligible person is being trained for.

|  |  |
| --- | --- |
| **The title is:** | Click or tap here to enter text. |

1. Provide a description below of the specific job objective for which the veteran/eligible person is being trained.

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| --- | --- |
| **Description:** | Click or tap here to enter text. |

1. Provide below the requested **effective date** of the approval.

|  |  |
| --- | --- |
| **Effective Date of the Approval is:** | Click or tap here to enter text. |

**SECOND PROGAM (IF APPLICABLE):**

1. Provide the TITLE below of the specific job objective for which the veteran/eligible person is being trained for.

|  |  |
| --- | --- |
| **The title is:** | Click or tap here to enter text. |

1. Provide a description below of the specific job objective for which the veteran/eligible person is being trained.

|  |  |
| --- | --- |
| **Description:** | Click or tap here to enter text. |

1. Provide below the requested **effective date** of the approval.

|  |  |
| --- | --- |
| **Effective Date of the Approval is:** | Click or tap here to enter text. |

1. Provide a training outline listing the major tasks to be learned and include the number of hours allocated to each task and total program length. Please name this EXCEL file “**FY23-FC-TrainingOutline”**.
2. **Supplemental Related Training**
   1. If supplemental related training is required for the program, then provide an outline of the supplemental related theoretical training which includes: Please name this file “**FY23-FC-SupplementalRelatedTrainingOutline”**.
      1. The courses, subjects, and/or areas of study required as part of the program (including the number of hours per subject).
      2. The manner in which the instruction is to be given (classroom, correspondence, etc.).
      3. The length of training in hours, the schedule of attendance (if by classroom), or schedule of completion of lessons (if by correspondence).
      4. The name and address of the agency providing the instruction if different from the employer or sponsor.
   2. If the program contains no supplemental related training, then provide a statement that the program contains no related training, but the employer or sponsor will make related training available to VA beneficiaries who may need it.Please name this file “**FY23-FC-ReferenceToSupplementalRelatedTraining”**.
3. Provide a copy of the certificate of completion, or other official record or document, which will be awarded to the trainee at the end of training. This document will indicate the satisfactory completion of the OJT program described in this application. Please name this file “**FY23-FC-SampleCertificateOfCompletion”**.
4. Provide a file with the qualifications of supervisory personnel responsible for direct, continuous supervision who conduct the OJT program. Please name this file “**FY23-FC-Qualifications”**.
5. Provide a file with how periodic review and evaluation of progress is conducted. There must be a system to record and report hours worked and training received. There also must be a system to measure the quality of training progress. The monthly training progress records on the veteran, including payroll records, must be made available at the business establishment or training location for review by the State Approving Agency and the Department of Veterans Affairs representatives, upon request (records must be maintained for at least 3 years after termination of training). Please name this file “**FY23-FC-ReviewEvalProcess”**.
6. Provide documentation that the institution has training space, materials, tools, and equipment to provide adequate and safe training and supervision in keeping with the training outline. “**FY23-FC-AdequateSafeMemo”**.
7. Provide examples of publications, advertisements, and other related communications describing the institution and the programs offered in the State of New Jersey. “**FY23-FC-Advertisments”**.
   1. Institutions are prohibited from using “GI Bill®” in any manner that directly or indirectly implies a relationship, affiliation, or endorsement with the Department of Veterans Affairs. Further information is located at this link <http://www.benefits.va.gov/GIBILL/Trademark_Terms_of_Use>
   2. The institution is prohibited from using phrases such as: “VA Approved”, “Approved by VA”, or words to that effect.

SECTION II: CONDITIONS FOR INSTITUTION APPROVAL

***I certify*** *that all information and documents submitted with this application are true and correct.* ***I certify*** *that the certification of all trainees receiving veteran’s education benefits (GI Bill®) under Title 38, United States Code will be completed in an accurate and timely manner.* ***I certify*** *that the following required approval criteria will be complied with:*

1. Adequate records will be maintained to show the progress of the trainee toward their vocational objective. If the trainee’s position is terminated prior to completing a course or objective, the last day of attendance will be recorded in their trainee file and reported to the Department of Veterans Affairs (VA).
2. The institution will maintain a written record of the evaluation of all previous education and training which clearly indicates that appropriate credit has been awarded for previous education and training, with the training period shortened proportionately, and the veteran or eligible person and the VA so notified.
3. Records will be maintained for each trainee that will include the following: job assignments, promotions, demotions, lay-off terminations, rates of pay, verification of hours worked and wages paid, and the progress in training as outlined in the work processes. The records will be retained for at least three years following the completion of the OJT program and, upon request, made available for review by representatives of the Department of Veterans Affairs (DVA) and the State Approving Agency (SAA).
4. Required reports will be submitted to VA advising them of the trainee’s beginning and ending dates, last day of attendance if there is a termination or withdrawal, educational or vocational objective rate of pursuit, credit allowed for previous education and training, or other trainee status requested by VA.
5. Close supervision by qualified journey workers will be provided throughout the training program.
6. A copy of an approved Training Agreement, including the training outline and wage schedule, will be provided to the trainee and to the Department of Veterans Affairs (VA) for the position(s) described in this application.
7. The institution will report any changes in name/ownership, registration, programs, facilities, address/location, policies, training outline, wage schedules, training staff, etc., as soon as they become effective.
8. The institution will immediately notify VA of any wage increase (or decrease) paid any trainee not in accordance with his or her training agreement.
9. Representatives from VA and the State Approving Agency will be permitted to visit the school for the purpose of reviewing records, interviewing trainees, inspecting facilities, and evaluating the instructional processes.
10. There is reasonable certainty that the job for which the veteran is being trained will be available to them at the end of the training period.
11. All institutional advertisement (ads, published documents, website, etc.) **does not and will not** contain or use erroneous, deceptive or misleading practices.
12. The institution will not use any type of ‘aggressive’ or ‘misleading’ recruiting practices for anyone eligible for veteran’s education benefits.

**Correspondence relating to this application will be sent to the owner or equivalent and to the application contact name identified in Section B-2. I, [NAME] , [TITLE] certify and declare under penalty of perjury under the laws of the State of New Jersey that I am an authorized representative of [INSTITUTION NAME]**  **and that all of the information and attachments contained herein and referenced in this application are true and correct.**

Signature of Authorized Official Title

Name of Institution Date

# SECTION III: SUBMISSION

Submission of all information and documentation constitutes the institution’s application for NJ SAA approval under 38 CFR § 21.4262. An approval will not be processed unless and until all of the required information and documentation is provided to the NJ SAA. Applications that fail to include all required information and documents will be deemed incomplete and may be returned or denied approval. Please ensure that your application is complete before submitting it to NJ SAA. Complete applications are handled in the order in which they are received.

Applications must include all material facts pertaining to the institution, its policies, locations and on-the-job training programs, certificates, as part of a request for approval. All documents submitted must be true and exact copies of the documents issued by the external agency or entity. Any document or statement that is found to be false, fictitious, fraudulent, misleading or misrepresent the institution, its programs and/or ownership for the purpose of obtaining a grant of NJ SAA Approval will result in the immediate Suspension, Withdrawal or Denial of approval.

Nothing in this application prevents or limits the ability of NJ SAA to request additional information or documentation, conduct an on-site evaluation, contact external entities or review the records of veteran and non-veteran trainees to ascertain compliance with applicable standards and requirements. (38 USC § 3690(c)) (38 CFR § 21.4209) (Public Law 93-80)

A complete application for approval must include one (1) completed application with all forms and attachments and one (1) copy of the training outline with associated addendums. **Applications that fail to include all required documentation are deemed incomplete and will delay the review process and may be returned or denied approval.**

Submit this **completed** application with all attachments and signatures in **one** email to the following email address:

matthew.moticha@dmava.nj.gov

# SECTION IV: ON-SITE VISITATION

Once the approval process requirements are completed then a comprehensive institutional wide visit will be conducted to ensure that all federal, state, and local requirements are met. A representative from the SAA will contact you to schedule this visit for initial approval.

New Jersey State Approving Agency (NJ SAA)

matthew.moticha@dmava.nj.gov

*New Jersey State Approving Agency* ***– SAA Representative Use Only***

*SAA Receipt of complete application (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*SAA Representative Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*