



JANE DEE HULL
GOVERNOR

STATE OF ARIZONA
DEPARTMENT OF VETERANS' SERVICES
STATE APPROVING AGENCY

PATRICK F. CHORPENNING
DIRECTOR

3225 NORTH CENTRAL AVENUE, SUITE 910
PHOENIX, ARIZONA 85012-2407
(602) 255-5395 FAX (602) 255-1038

August 13, 2001

Dr. Carl R. Heilman
Vice-President for Student Services
Northland Pioneer College
P.O. Box 610
Holbrook, AZ 86205

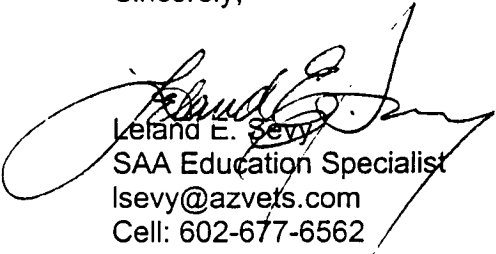
Dear Dr. Heilman:

The Arizona Department of Veterans' Services, also known as the State Approving Agency visited Northland Pioneer College on August 9, 2001. The enclosed report of that visit is provided to you as a follow-up to that visit. Please review the report's comments, discrepancies, and corrective actions.

A copy of this report has been forwarded to the Phoenix Regional Office of the United States Department of Veterans Affairs for their review.

If you have any questions, concerns, or need assistance in regards to the above report, please contact our office at 602-255-5395 or education@azvets.com.

Sincerely,



Leland E. Sevy
SAA Education Specialist
lsevy@azvets.com
Cell: 602-677-6562

cc: Director, ADVS
LO File
Ms. Marva Fellows, Veteran's Coordinator

Enclosure

**Arizona Department of Veterans' Services
State Approving Agency
IHL/NCD VISIT REPORT**

TYPE OF VISIT:		<input checked="" type="checkbox"/> SUPERVISION		<input type="checkbox"/> INSPECTION		<input type="checkbox"/> OTHER	
IHL FAC CODE:	14 9144 03	NCD FAC CODE:	14 9145 03	Public	<input checked="" type="checkbox"/>	Private	<input type="checkbox"/>
ACCREDITED	Yes <input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Agency	North Central Association of Colleges & Schools		
Name of Institution NORTHLAND PIONEER COLLEGE				Last Supervision Date August 3, 2000		Today's Date August 9, 2001	
Address (Street, City, ZIP Code) P.O. Box 610, Holbrook, AZ 86025						Phone 520-536-6241	
Personnel Interviewed: Ms. Marva Fellows			Title: Veteran's Coordinator			Phone: same	
Personnel Interviewed:			Title:			Phone:	

1. PRESENT STUDENT ENROLLMENT:

Number of Veterans Currently Enrolled in an SAA Approved Program, by Chapter:

Chapter 30	Chapter 31	Chapter 32	Chapter 35	Chapter 1606	Other (Explain)	Total Students	Total Veterans
37	7		12	2		5728	58

85/15 ratio requirement met Yes No

COMMENTS:

2. SAA/DVA CORRESPONDENCE FILES:

SAA Approval letters available	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The SAA has approved the current School Catalog and Class Schedule(s)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Programs and courses offered to veterans approved by the SAA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

COMMENTS:

3. VA FORM 22-8794, DESIGNATION OF CERTIFYING OFFICIAL(S):

VA Form 22-8794 reflects the current VA Certifying Officials	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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COMMENTS:

4. LICENSURE AND ACCREDITATION:

The institutions license is current (if applicable) (Private Postsecondary Education, Cosmetology, Barber, FAA, etc.)	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All SAA approved programs listed on the applicable license (Private Postsecondary Education, FAA, etc.)	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The institutions accreditation document is current (if applicable)	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

COMMENTS:

5. INSTITUTIONAL ADMINISTRATION:

Changes in:		
Ownership,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Accreditation (if applicable)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Instructors,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Location/Facilities,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Policies,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Programs,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Tuition and fees,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

COMMENTS: The 2001 Fall Schedule indicates the increase in Tuition and Fees.

6. VACERT:		
VA Cert used by the institution	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

7. WORK STUDY:		
Work study program used by the institution	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
COMMENTS:		

8. MARKETING/ADVERTISEMENTS:		
Degree/Certificate program marketing materials and advertisements do not contain questionable or misleading information	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

9. STUDENT PLACEMENT:			
The institution provides student employment placement services		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Placement Rates areas of concern (Private Institution's Only)	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:			

10. DISTANCE LEARNING:			
Programs offered through Distance Learning exclusively		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Programs offered in which more than 50% of coursework is by Distance Learning		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Faculty-student interaction adequate	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Students assessed for their suitability to use Distance Learning	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Delivery of Distance Learning used at this institution:			
Interactive Television (2-way)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Satellite Teleclasses (1-way)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Open-circuit television		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Telecourses (Video)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Based Training (Packaged)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Online Courses		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other: Interactive Audio Classes		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:			

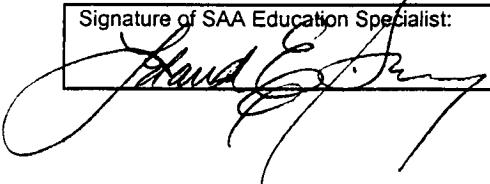
11. INSTRUCTORS:		
Faculty/instructors have adequate credentials to teach in the area they are assigned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Ratio of full to part-time faculty/instructors adequate	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Adequate number of instructional personnel for each program/course	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Institution evaluates faculty/instructors	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
A plan for faculty and staff development	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

12. VETERAN STUDENT FILES:		
Transcripts showing grades and prior credit available	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Copies of VA certifications (signed by a designated certifying official) maintained in the file	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Veterans are certified in an SAA approved program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Copies of "Change in Student Status" maintained in the file	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Certifications and changes in student status completed in a timely manner	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Records pertaining to the evaluation and reporting of prior training and experience available	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Program of study/Degree Completion Plan monitored in file	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

13. INSTITUTION FACILITIES:		
The following facility areas and equipment are adequate		
Classrooms, student, faculty, and administrative areas	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Student seating and space for learning activities	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Instructional equipment and materials	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Safety, security and disability provisions and considerations	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Additional/temporary facilities or remodeling	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

14. TECHNICAL ASSISTANCE:		
Technical assistance provided	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

15. RESULTS/CONCLUSION:
<p>DISCREPANCIES: Williams, Matiida L., 527-96-6618, Chapter 35, AAS in Childhood Development: VA Form 22-1999b, dated June 1, 2001 indicated that the veteran was certificated for Full-time Status at the beginning of the 2001 Spring Semester, however, the Veteran was withdrawn from one class at the end of the semester. An overpayment was created by the late reporting of this withdrawal. This course withdrawal was given to the Veteran's Coordinator at the end of the semester.</p> <p>CORRECTIVE ACTION REQUIRED: Asked Ms. Fellows to advise the instructors that they have the responsibility for accurate reporting of withdrawals. This accurate reporting will prevent overpayment of benefits to veterans.</p> <p>If overpayments of veteran's benefits continue and an Institution does not make an attempt to correction this situation, the U.S. Department of Veteran's Affairs will request from that institution the reimbursement of all overpayments caused by this continuing situation.</p>
COMMENTS/RECOMMENDATIONS:

Signature of SAA Education Specialist: 	Date: August 13, 2001
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