

Arizona Department of Veterans' Services
State Approving Agency (SAA)
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	NCA	
Name of Institution NORTHLAND PIONEER COLLEGE			Date of Last Visit August 9, 2001	Date of This Visit August 7, 2002
Address (Street, City, ZIP Code) P.O. Box 610, Holbrook, AZ 86205			Phone 928-536-6241	
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
27	7		13	3		5405	50
85/15 ratio requirement met						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The SAA has approved the current School 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"/>
Do CO's certify students attending other branch locations or sites	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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:		
Name/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 type="checkbox"/>
COMMENTS: Tuition and Fees increased in the Fall 2002 Class Schedule. The SAA will approve via separate letter.		

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 contain questionable or misleading information	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Telecourses (Video)		Yes <input checked="" type="checkbox"/>	No <input 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:		Yes <input type="checkbox"/>	No <input checked="" 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:		
DISCREPANCIES: None		
CORRECTIVE ACTION REQUIRED: None		
COMMENTS/RECOMMENDATIONS:		

Signature of SAA Education Specialist: 	Date: August 7, 2002
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