

**ARIZONA DEPARTMENT OF VETERANS' SERVICES
VETERANS' EDUCATION AND TRAINING APPROVING AGENCY (VETAA)
IHL/NCD VISIT REPORT**

TYPE OF VISIT:	<input checked="" type="checkbox"/> SUPERVISION	<input type="checkbox"/> INSPECTION	<input type="checkbox"/> VA REQUESTED	<input type="checkbox"/> INFORMATIONAL
	<input type="checkbox"/> TECHNICAL ASSISTANCE		<input type="checkbox"/> OTHER:	
FAC:	14-9144-03	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	For-profit <input type="checkbox"/> Not For-profit <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 8-11-09	Date of This Visit 5-23-11
Address (Street, City, ZIP Code) 1611 S Main Stree, Snowflake, AZ				Phone 928-536-6241
Additional Address(s) (Street, City, ZIP Code)				Phone

1. INSTITUTION PERSONNEL CONTACTED DURING VISIT:		
Name/Title: Vicki Owen	Email Address: vicki.owen@npc.edu	Phone: 928-536-6241
Name/Title: Jake Hinton-Rivera	Email Address:	Phone: 928-524-7462
Name/Title:	Email Address:	Phone:

2. KEY INSTITUTIONAL PERSONNEL		
Institutional President, Director, etc. Jeanne Swarthart	Email Address:	Phone:
Dean/Vice President, etc. Mark Vest	Email Address:	Phone:
Primary Certifying Official: Vicki Owen	Email Address: vicki.owen@npc.edu	Phone: 928-536-6241
Secondary Certifying Official: Jake Hinton-Rivera	Email Address:	Phone: 928-524-7462

3. PRESENT STUDENT ENROLLMENT:									
Number of Veterans Currently Enrolled in Veterans' Approved Programs, by Chapter:									
All Programs:	Chapter 30	Chapter 31	Chapter 32	Chapter 33	Chapter 35	Chapter 1606	Chapter 1607	Total Veterans	Total Students
	19	4		24	12	4	0	63	4100
85/15 ratio requirements met						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	% of veterans 1.5%	
COMMENTS:									

4. VA FORM 22-8794, DESIGNATION OF CERTIFYING OFFICIAL(S):		
A.	Reflects the current VA Certifying Officials	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
COMMENTS:		

5. VETAA / DVA CORRESPONDENCE FILES:

A.	VETAA Approval letters / correspondence and files are available.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B.	The VETAA has approved the current School Catalog.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D.	VETAA Form 112, VETAA Approval Agreement		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
E.	VA Form 22-1998, Web Enabled Approval Management System (WEAMS)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G.	VA Form 20-8206, Compliance with Equal Opportunity Laws		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
F.	VA Form 22-1919, Conflicting Interests (For profit Institutions only)	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
H.	National Centralized Certification Approval Document	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:				

6. PRACTICAL TRAINING MANAGEMENT				
A.	VETAA Approval of Internships, Externships, Clinical, etc.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B.	Institutional Accredited (Nationally or Regional)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C.	Are there procedures to monitor attendance & progress during Practical Training?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
COMMENTS: Does Not Apply				

7. LICENSURE AND ACCREDITATION:				
A.	<u>All</u> State license(s) current	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B.	Are all VETAA approved programs listed on the State license(s)?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C.	Accreditation documents current	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:				

8. CHANGES IN INSTITUTIONAL ADMINISTRATION:				
A.	Name		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B.	Ownership		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
D.	State License	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
E.	Accreditation	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
F.	Campuses or Teaching Sites		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G.	Facilities		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
H.	Policies or Procedures		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
I.	Programs		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
J.	Tuition and fees		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
K.	Maximum Student Enrollment (Non-accredited Schools Only)	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: 2 locations have closed d				

9. MARKETING/ADVERTISEMENTS:

A.	Do reviewed program marketing and advertisement materials contain questionable or misleading information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
B.	Do marketing and advertisement refer to the institution's approval for veteran's benefits?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
C.	What form of media is used?	Website <input checked="" type="checkbox"/>	Newspaper <input checked="" type="checkbox"/>
		TV <input checked="" type="checkbox"/>	Radio <input checked="" type="checkbox"/>
		Printed <input checked="" type="checkbox"/>	Other <input type="checkbox"/>

COMMENTS:

10. DISTANCE LEARNING:

A.	Are Distance Learning courses or programs offered?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B.	Institutional Accredited (Nationally or Regional)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

COMMENTS:

11. FEDERAL AVIATION ADMINISTRATION (FAA) DOCUMENTS:

A.	Is the institution's FAA Air Agency Certificate/Training Center Certificate current?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B.	Is the institution's FAA Letter of Authority current?	N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

COMMENTS:

12. INSTITUTION FACILITIES:			
A.	Are classrooms, labs, library, student, faculty, and administrative areas adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B.	Are instructional equipment and materials adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C.	Are safety and security policies pursued and disability provisions available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:			

13. VETERAN STUDENT FILES:						
A.	VA Form 22-1990, VA Form 22-1995, Certificate of Eligibility, and DD Form 214				Optional	
B.	Certified in an VETAA approved program?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C.	Certified by location and VA Facility Account Code (Ground, Online, etc.)				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D.	<input type="checkbox"/> VA Form 22-1999 / <input checked="" type="checkbox"/> VA-ONCE – Certifications				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
E.	<input type="checkbox"/> VA Form 22-1999b / <input checked="" type="checkbox"/> VA-ONCE – Status Change Certifications				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
F.	Process for the evaluation and awarding credit for prior education, training, and experience				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
H.	Program of Study, Degree Completion Plan, or a school transcript				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1 st Enrolled Veteran:		Name: Matthew Mainwaring	Last 4: 2560	Program: Associate of Applied Science	Certification Start Date: 1/11/2010 End Date: 5/15/2010	
2 nd Enrolled Veteran:		Name: Billy Nightingale	Last 4: 3190	Program: AAS-FRS	Certification Start Date: 1/11/2011 End Date: 5/14/2011	
COMMENTS:						

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

15. CONCERNS & ACTIONS:	
A.	NOTED CONCERNS:
B.	CORRECTIVE ACTION REQUIRED:

16. CONCLUSION:	
COMMENTS/RECOMMENDATIONS:	

<p><i>April R. Monthie</i></p> <p>Veterans' Education & Training Specialist Arizona Veterans' Education & Training Approving Agency Arizona Department of Veterans' Services 3839 N. 3rd Street, Suite 209 Phoenix, Arizona 85012 Phone: 602-677-6562 Email: amonthie@azdvs.gov</p>	<p>Date: 5-24-2011</p>
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