

Facility Information

Facility Name:	
Facility Code:	
Date of Initial Documentation Request:	
Date of Visit:	
Date of Last Documentation Received:	
Accreditation Agency(ies):	
Licensing Board/Authorizer:	

Findings

1. Areas Needing Improvement

i Findings identified in this area meets minimum requirements but needs improvement because practices are not consistently demonstrated at an acceptable level.

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2. Areas of Concern

i Findings reviewed causes uncertainty and/or are not aligned with approval requirements and will result in consequences and specific corrective actions.

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3. Actions/Required Follow-up

Findings require action to improve processes and to eliminate causes of non-conformities or other areas of concern. To determine if facility is authorized to continue administration of GI Bill® approved programs, and/or to determine if appropriate actions have been taken to improve areas of risk identified in the Risk-Based Survey (RBS).

Status: Affirmation of Approval Subject to Corrective Actions Completed pursuant to 38 USC 3679 (a)(1)

Action: Follow-up Required

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4. Recommendations

i *Proposal as to the best course of action to correct findings identified.*

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