

LICENSE AND CERTIFICATION Application Handbook

A guide for employers or trainees seeking approval of his/her training program(s) for VA educational benefits.

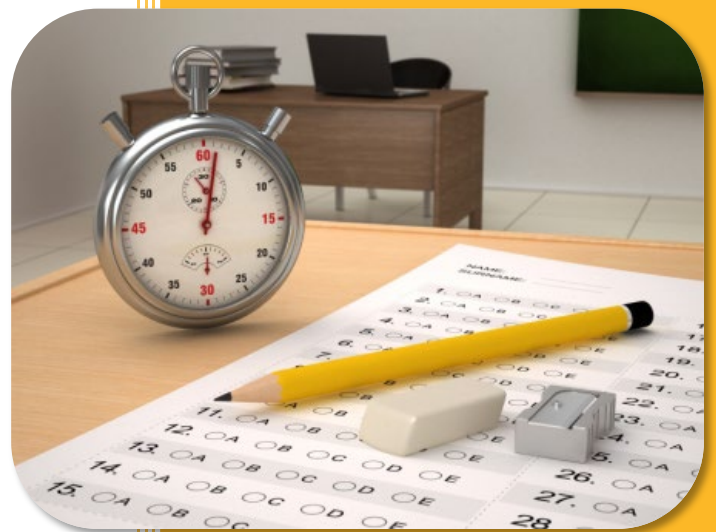
All supporting documents need to be in digital format up to 30MB per item.

We will not accept hyperlinks or URL as documentation.



Kansas State Approving Agency
700 S.W. Jackson Street, Suite 1004
Topeka, KS 66603-3774

<https://kcva.ks.gov/veteran-services/state-approval-agency>
Email saa.kansas@ks.gov



State of Kansas

4/10/2023

APPLICATION FOR APPROVAL OF A LICENSING/CERTIFICATION EXAM

Public Entity (Complete Part A & B) Non-Public Entity (Complete Parts A, B & C)

Please provide an example of the license/certificate and documentation supporting the following

Part A

Name of Organization _____
Abbreviation (If Applicable) _____
Tax ID Number _____
Address _____
City, State Zip _____

Point of Contact (Contact for SAA/VA claims personnel)

Name _____ Telephone Number _____ Ext. _____
Title _____
E-Mail Address _____ Fax Number _____

Alternate Point of Contact (Optional)

Name _____ Telephone Number _____ Ext. _____
Title _____
E-Mail Address _____ Fax Number _____

Name of License/Certificate:

Abbreviation of License/Certificate (If Applicable):

Name of Test Required for License/Certificate:

Abbreviation of Test Name (If applicable):

Description of Test Including Purpose:

Agencies (vocational, professional, governmental) that recognize the test or License/Certificate (If applicable, cite the statute or regulations that make the test a requirement):

Requirements to Take the Test (Include Prerequisites):

Fees Charged for the Test (Test Fees Only):

Period License/Certificate is Valid and Renewal:

Statute or Regulation Requirements for Maintaining or Renewing the License/Certificate:

I certify that the provided information is true and correct in content and policy.

Signature of Authorized Organization Official Date

Title of Organization Official

Please use one copy of Part B, Part C, and Supporting Details per Test Approval

Part B

Test approval (38 USC 3689) is dependent upon certifying that the following conditions are met:

Conditions for Approval:

Conditions Met:

	<u>YES</u>	<u>NO</u>
1. The organization maintains records for all candidates who take the test for a minimum of three years?	<input type="checkbox"/>	<input type="checkbox"/>
2. The organization promptly issues notice of the results of the test to the candidate for the license or certificate.	<input type="checkbox"/>	<input type="checkbox"/>
3. The organization has in place a process to review complaints submitted against the organization or entity with respect to the test or the process for obtaining a license or certificate required for a vocation or profession.	<input type="checkbox"/>	<input type="checkbox"/>
4. The organization will furnish to the Department of Veteran Affairs (VA) or the State Approving Agency (SAA) information required determining whether payment should be made to the veteran/eligible person. Such information may include: personal identifying information, fee payment, and test results.	<input type="checkbox"/>	<input type="checkbox"/>
5. Upon request, the organization will make available to the VA or SAA all appropriate records pertaining to the test data of veterans and eligible persons.	<input type="checkbox"/>	<input type="checkbox"/>

Part C (Non-governmental Entities Providing a Test)

Conditions for Approval:

Conditions Met:

	<u>YES</u>	<u>NO</u>
1. The test is generally accepted as certifying a level of skill attainment required for employment and recognized by relevant government, business or industry standards, employment policies or hiring practices.	<input type="checkbox"/>	<input type="checkbox"/>
2. The organization is licensed, chartered or incorporated in Kansas.	<input type="checkbox"/>	<input type="checkbox"/>
3. The organization has offered the test for a minimum of two years in Kansas.	<input type="checkbox"/>	<input type="checkbox"/>
4. The organization employs or consults with expert or experienced individuals in the areas of knowledge and/or skills tested.	<input type="checkbox"/>	<input type="checkbox"/>
5. Upon request, the organization will furnish information to assess the test and its applicability. This may include the Executive Summary of the Job Analysis.	<input type="checkbox"/>	<input type="checkbox"/>
6. The testing organization has no direct financial interest in the outcome of the test or organizations that provide the education and training.	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Details

Statement #1

List any states that recognize or require this certification test:

List any major employers in the industry that recognize or require the test:

Ratio of people who have the certification to the number employed in the industry: _____ :

Other valid information:

Statement #2

Proof of License/Certificate:

Statement #3

When was test first offered?

How often is test offered?

Was/is the test offered continuously since it began?

Statement #4

List consulting experts:

CLEAR FORM