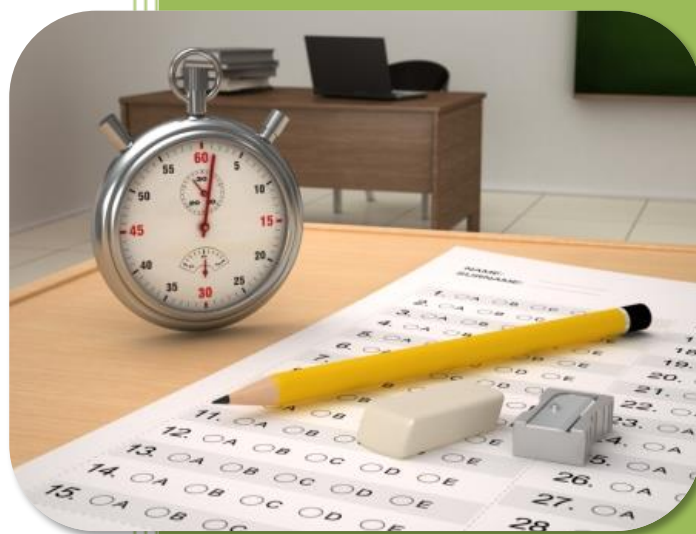


LICENSE AND CERTIFICATION Application Handbook

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

Provided by
**Kansas Commission on
Veterans' Affairs Office**
and
**Kansas State Approving
Agency**



APPLICATION FOR APPROVAL FOR GI BILL REIMBURSEMENT FOR LICENSURE AND CERTIFICATION EXAMS

Contacts for Approval:

Kansas State Approving Agency
Kansas Commission on Veterans' Affairs Office
Brigette Hayes, Program Consultant
or Lori Thompson, Program Consultant
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Phone: (785) 291-3422
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Who We Are

The State Approving Agency originated when President Franklin D. Roosevelt signed the G. I. Bill of Rights into law in 1944. Congress recognized that each state has the right and responsibility for the education and training of its residents. The State Approving Agency together with the federal government manages veterans' education benefits.

The State Approving Agency's (SAA) role is to approve and supervise the programs of education and training for eligible veterans, dependents, National Guard members and reservists. The Kansas SAA operates as part of the Kansas Commission on Veterans' Affairs.

The SAA must specifically approve each program of education or training in which a veteran or eligible person wishes to use G. I. Bill benefits.

Legislative Change

Section 122 of Public Law 106-419

As of March 1, 2001, veterans and eligible persons under Chapters 30, 32, and 35 (1606 and 1607 National Guard/Reservists and Chapter 33 eligible persons are now included) are entitled to use their GI Bill benefits to apply for reimbursement for the cost of the exam. The Department of Veterans Affairs (DVA) will only pay for tests that are specifically approved for veterans. The maximum reimbursement per test is \$2000. There is no limit on the number of tests that may be taken except the individual may not exceed maximum entitlement.

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

Alternate Point of Contact (Optional)

Name	_____	Telephone	_____
Title	_____	Number	Ext. _____
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:

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:

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

Signature of Authorized Organization Official

Date

Title of Organization Official