

**CERTIFICATION OF COMPLIANCE WITH CFR 3689
CERTIFICATION EXAMINATIONS**

- I. Explanation:** Institutions must specifically certify that its Certification examinations meet the minimum Federal and state approval criteria. **Mail your completed application to:** California State Approving Agency for Veterans Education (CSAAVE), 1227 O Street, Suite 314, Sacramento, CA 95814. If you have further questions contact Sheila Hawkins at (916) 503-8007.
- II. Certification of Certification Examinations:** The undersigned certifies that all Certification examinations offered by this institution and certified to the U.S. Your certification test or tests can be approved for VA benefits only if you can certify that the following statements are true.
- A. Your certification test or tests are generally accepted, in accordance with relevant government, business, or industry standards, employment policies, or hiring practices as attesting to a level of knowledge or skill required to enter into, maintain or advance in employment in particular vocation or profession.
 - B. Your organization is licensed, chartered, or incorporated in a State and has offered such tests for a **minimum of 2 years** before the date on which you sign this application.
 - C. Your organization employs, or consults with, individuals with expertise or substantial experience with respect to all areas of knowledge or skill that are measured by the test and that are required for the license or certificate issued.
 - D. Your organization has no direct financial interest in the outcome of a test or organizations that provide the education or training of candidates for licenses or certificates required for vocations or professions. The second rule only applies if your certification is "required" for vocations or professions. If your certification is required for employment and your organization provides training to obtain the certification or your organization owns or partly owns an organization that provides such training, then you would **not** meet this requirement.
 - E. Your organization maintains appropriate records with respect to all candidates who take such a test for a period prescribed by VA, but in no case for a period of less than 3 years.
 - F. Your organization promptly issues notice of the results of the test to the candidate for the license or certificate.
 - G. Your organization has in place a process to review complaints submitted against the organization with respect to a test your organization offers or the process for obtaining a license or certificate required for vocations or professions. **NOTE:** VA recognizes that "promptly" varies because of a variety of circumstances. Also, the review process doesn't necessarily have to be in writing.
 - H. Your organization will furnish VA the details of individual tests upon request including personal identifying information, fee payment, and test results. Such information shall be furnished in the form prescribed by VA and may include submission by paper, email, or other electronic means. **NOTE:** VA may ask you about particular individuals as claims are received. If your organization requires the individual to authorize release of this data, VA will obtain such authorization.
 - I. Upon request, your organization will make all appropriate records pertaining to the test data of veterans or other eligible person under title 38, United States Code, available for examination by VA or its representatives.
- III. Certification Examinations Submitted for Consideration:** The undersigned requests that the attached list of certification examinations be approved under the provisions of CFR 3869. (Attach additional pages if necessary).

Signature of Institution's Authorized Representative

Date

Printed Name of Institution's Authorized Representative/Official Title

Facility Code

Organization Data for Organizations Offering Certifications

NAME OF ORGANIZATION:
ORGANIZATION ABBREVIATION (If applicable):
TAX ID NUMBER:

FIRST LINE ADDRESS:
SECOND LINE ADDRESS:
THIRD LINE ADDRESS:
FOURTH LINE ADDRESS:
CITY:
STATE:
ZIP CODE:
WEB Site Address (If applicable):

CONTACT POINT INFORMATION (This is the contact point for VA claims personnel)
NAME:
TITLE:
TELEPHONE NUMBER:
EXTENSION:
FAX NUMBER:
E-MAIL ADDRESS:

ALTERNATE CONTACT POINT INFORMATION (Optional)
NAME
TITLE
TELEPHONE NUMBER
EXTENSION
FAX NUMBER
E-MAIL ADDRESS

ALTERNATE CONTACT POINT INFORMATION (Optional)
NAME
TITLE
TELEPHONE NUMBER
EXTENSION
FAX NUMBER
E-MAIL ADDRESS

DATA FOR INDIVIDUAL CERTIFICATION TESTS TEST DATA

Please provide this data for each test you wish to have approved.

NAME OF LICENSE:

ABBREVIATION OF LICENSE (If applicable):

NAME OF TEST REQUIRED FOR THIS LICENSE:

ABBREVIATION OF TEST NAME (If applicable)

FEE CHARGED FOR THE TEST(S) (Be sure to include only the test related fees.):

DESCRIPTION OF TEST INCLUDING PURPOSE:

REQUIREMENTS TO TAKE THE TEST:

CERTIFICATION DATA

Please answer these questions once for each certification you wish approved.

ENTITIES THAT RECOGNIZE THE LICENSE OR CERTIFICATE

PREREQUISITE EDUCATION OR TRAINING:

PERIOD LICENSE OR CERTIFICATE IS VALID?

REQUIREMENTS FOR MAINTAINING OR RENEWING THE LICENSE OR CERTIFICATE

CALIFORNIA STATE APPROVING AGENCY FOR VETERANS EDUCATION
1227 O Street, Suite 314, Sacramento, CA 95814
Telephone (916) 503-8317 Fax (916) 653-1035