

## CERTIFICATION OF COMPLIANCE WITH CFR 3689 LICENSING EXAMINATIONS

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- I. **Explanation:** Institutions must specifically certify that its Licensing 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 Licensing Examinations:** The undersigned certifies that all Licensing examinations offered by this institution and certified to the U.S. Your license test or tests can be approved for VA benefits only if you can certify that the following statements are true.

- A. Your organization maintains appropriate records with respect to all candidates who take such a test for a period prescribed of at least 3 years.
- B. Your organization promptly issues notice of the results of the test to the candidate for the license or certificate. **NOTE:** VA recognizes that "promptly" varies because of a variety of circumstances. Also, the review process doesn't necessarily have to be in writing.
- C. 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.
- D. 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 to verify test data about particular individuals as claims are received. If your organization requires the individual to authorize release of this data, VA will obtain such authorization.
- E. 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. **Licensing Examinations Submitted for Consideration:** The undersigned requests that the attached list of licensing examinations be approved under the provisions of CFR 3869. (Attach additional pages if necessary).

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Signature of Institution's Authorized Representative

Date

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Printed Name of Institution's Authorized Representative/Official Title

Facility Code

**For Licensing Boards  
(Authority: 38 U.S.C. 3689)**

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

**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:

**LICENSE DATA**

Please answer these questions once for each license you wish approved.
ENTITIES THAT RECOGNIZE THE LICENSE OR CERTIFICATE ( <i>For licenses, leave blank.</i> )
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