



CHECKLIST -- "LACAS" TEST ELIGIBILITY (SAA)

Your certification tests(s) may be approved for U.S. Department of Veterans Affairs (VA) benefits (under 38 U.S.C. 3689), if you certify "Yes" to the nine statements in **Part I** and provide us with the information requested in **Part II**. If you have any questions about these approval requirements or the approval process itself, please call the State Approving Agency (SAA) at the above telephone number.

Part I - Certification of Compliance

This application is for non-governmental organizations offering tests for certification and licensure purposes. If you are unsure about a requirement, please attach an explanation. If you contract out a function listed in a requirement, please furnish the name and address of the organization that handles that function.

1. Your certification tests(s) 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 a particular vocation or profession. Yes
 No
2. Your organization is licensed, chartered or incorporated in the State of Massachusetts and has offered such tests for a minimum of two years before the date on which you sign this application. Yes
 No
3. Your organization employs, or consults with, individuals with expertise or substantial experience with respect to all areas of knowledge or skills that are measured by the test and are required for the license or certificate issued. Yes
 No
4. Your organization has no direct financial interest in (i) the outcome of a test, or (ii) organizations that provide the education or training of candidates for licenses or certificates required for vocations or professions. *Note: The second rule (ii) applies if your certification is "required" for vocations or professions. If your certification is required for employment and your organization owns or partly owns an organization that provides such training, then you would not meet this requirement.* Yes
 No
5. Your organization maintains appropriate records with respect to all candidates who take such a test for a period of at least three years. Yes
 No
6. Your organization promptly issues notice of the results of the test for the candidate for license or certificate. *Note: The VA recognizes that "promptly" varies because of a variety of circumstances.* Yes
 No
7. 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 a vocation or profession. *Note: The review process doesn't necessarily have to be in writing.* Yes
 No
8. Your organization will furnish to the 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 the VA and may include submission by paper, e-mail or other electronic means. *Note: The 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, the VA will obtain such authorization.* Yes
 No

9. Upon request, your organization will make all appropriate records pertaining to the test data of veterans and other eligible persons under Title 38, United States Code, available for examination by the VA or its representatives. Yes No

Signed

Date

Title

Part II - Information Questionnaire

On a separate sheet(s) of paper, please provide the following information and attach to this application.

1. Organizational Data. Please provide the following information on your organization.

- | | |
|---------------------------------|-----------------------------|
| A. Full Name | C. Tax ID Number (required) |
| B. Abbreviation (if applicable) | D. Main Address |

2. Contact Person(s). Please designate one or more people as liaison for VA claims personnel and provide the following information on them.

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| A. Name(s) of <u>Primary Contact Person</u> and Alternate (if desired) | C. Telephone Number |
| B. Titles | D. FAX Number |
| | E. E-mail Address |

3. Test Data. Please provide the following information for each test you wish to have approved (*).

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|---|--|
| A. Name of Test | E. Requirements to take the Test |
| B. Test Abbreviation (if applicable) | F. Name of License/Certification for which the Test is required. |
| C. Fee charged for Test (be sure to include only the Test related fees) | G. License/Certification Abbreviation (if applicable) |
| D. Description of Test including purpose | |

Please answer these questions once for each License/Certification.

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| A. Entities that recognize the License/Certification | C. Period License or Certification is valid |
| B. Prerequisite Education or Training | D. Requirements for maintaining or renewing the License or Certification |

(*). More than one Test may be required for the License/Certification. If so, please provide information on each Test separately (written and/or practical). Data on each License/Certification need only be given once.