

South Carolina State Approving Agency

1122 Lady St., Suite 300

Columbia, South Carolina 29201

Telephone (803) 737-2261 FAX (803) 737-2297

Application and Assurances

Approval Requirements for Tests Offered By Governmental Agencies

(Authority: 38 U.S.C. 3689)

Required Certifications: Your test(s) for licensure can be approved for VA benefits if you can certify that the following statements are **true**. Approval will allow eligible individuals to receive reimbursement for the cost of taking your test. **Place a checkmark or (X) beside each statement listed below that is true.** Failure to check an item may mean tests cannot be approved or that additional documentation and dialog will be required. If this is the case, SC SAA will contact your agency.

_____ (1) Your organization maintains appropriate records with respect to all candidates who take this test for a period prescribed by law of at least 3 years.

_____ (2) Your organization promptly issues a 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.

_____ (3) 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.

_____ (4) 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.

_____ (5) 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.

NAME AND ADDRESS OF AGENCY:

Name

Street Address / Mailing Address

City, State, Zip

Signature of Chief Administrative Officer

Title

Date

Organization Data For Licensing Boards

(Authority: 38 U.S.C. 3689)

Submitted In Support of: SC SAA Application and Assurance

Organizational Data, Test Data, and License Data are also required for approval. Test & License Data must be provided for each test and/or license to be approved.

Name of Organization:
Organization Abbreviation (If applicable):
Tax ID Number:

Mailing Address Information
First Line Address:
Second Line Address:
Third Line Address:
Fourth Line Address:
City:
State:
Zip Code:
Web Site Address (If applicable):

Contact Person Information (This is the contact point for VA claims personnel.)
Name:
Title:
Telephone Number:
Extension:
Fax Number:
E-Mail Address:

Alternate Contact Person 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

Submitted In Support of: SC SAA Application and Assurance

Please provide this data for each test you wish to have approved. Duplicate this form as necessary for each test.

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 for each license 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

STATE APPROVING AGENCY USE ONLY:

Effective Date: _____

- Approved**
- Amended**
- Disapproved**

Signature of SAA Representative