



**OHIO DEPARTMENT OF VETERANS SERVICES
STATE APPROVING AGENCY (SAA)**

Application for Licensing / Certification and Testing Approval

LICENSE AND CERTIFICATION ORGANIZATION PROFILE

Organization Name:	
Abbreviated Name: (if any)	
Organizational Type: (✓ one)	<input type="checkbox"/> Non-Governmental <input type="checkbox"/> Governmental
If Governmental? (✓ one)	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private
Is this the "Headquarters" for this Organization: (✓ one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain:	
Organization's Address:	
Organization's Telephone #:	
Organization's Fax #:	
Organization's Email Address:	
Web Address of Organization:	
Organization's Tax ID #:	

LICENSE AND CERTIFICATION ORGANIZATION POINT OF CONTACT

Name of Main Point of Contact:	
Title of Main Point of Contact:	
Name of *Certifying Official:	
Title of *Certifying Official:	
Telephone #:	
Fax #:	
Email Address:	

**The "Certifying Official" will be the Organization's person who will be responsible for processing veteran's benefits, acknowledge in veteran's benefits, maintaining veteran's records, and the person the Department of Veterans Affairs (VA) or SAA will contact for information concerning all tests, veteran's test results, changes in the organization, resolution of complaints, and provide assistance to veterans.*

(Revised 1/2014)

Use [this page](#) for [each](#) License/Certification and Test Information

Part A – LICENSE AND CERTIFICATION INFORMATION

Full Name of License or Certification:	
Abbreviated Name: (if any)	
License or Certification (✓ one):	<input type="checkbox"/> License <input type="checkbox"/> Certification
What credential(s) are required to offer this License or Certification?	
What is the purpose of this test or certification?	
Entities that Recognize this License or Certification:	
Prerequisite for this License or Certification: (Education or Training)	
Validation Period for the License or Certification is:	
Requirements for Maintaining License or Certification:	
Requirements for Renewing License or Certification:	

Part B – LICENSING AND CERTIFICATION TEST INFORMATION

Full Name of Test Required for License or Certification:	
Abbreviated Test Name: (if any)	
Description of Test:	
Requirements to Take the Test:	
Maximum Fee Charged for Test: (Only test fees, no related fees)	
What other tests are required to obtain License or Certification?	
Length of time before results are released?	
How and where are the results of this test maintained?	
<p>Certification: <i>The information provided for this application for acceptance of a license or certification for VA educational benefits is true and correct in content. I am aware that the agency must comply with applicable statutes and regulations, and that failure to comply may lead to withdrawal of approval or acceptance by the VA or SAA.</i></p>	
Authorized Representative Signature:	
Authorized Representative Title & Date:	

For SAA use only

Approval Date:		Revision Date:		Disapproval Date:	
Reason for Disapproval:					
Name of SAA Consultant:					
Signature of SAA Consultant:					

Remarks:	
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For Education Liaison Representative (ELR) Use only

Date Received:		Facility Code:	
Date Facility Code Assigned:		Date Entered in WEAMS:	
Signature of ELR:			

Remarks:	
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