



# NEBRASKA DEPARTMENT OF EDUCATION

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## APPLICATION FOR APPROVAL OF A CERTIFICATION TEST OFFERED BY A LICENSING BOARD FOR VETERANS/ELIGIBLE PERSONS (AUTHORITY 38 U.S.C. 3689)

Name of Organization:	Type of Application:	Original	Revised
Organization Abbreviation (if applicable):	Tax ID Number:		
Organizational Type (choose one):	Non-Governmental	Governmental	
Contact Name:			
Street Address:			
City:	State:	Zip Code:	
E-mail Address:	Telephone Number:		
Organization Web Site Address (if applicable):			
Name of License or Certification:			
Abbreviation of Certification (If applicable):	Type:	License	Certification
Entities that Recognize the Certificate:			
Period Certificate is Valid:			
Requirements for Maintaining or Renewing the Certificate:			
Name of Test(s) Required for this Certification:			
Abbreviation of Test Name(s) (If applicable):			
Description of Test Including Purpose:			
Requirements to Take the Test:			
Fee Charged for the Test(s) (only test related fees):			
Prerequisite Education or Training:			



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## APPROVAL REQUIREMENTS FOR ORGANIZATIONS OFFERING CERTIFICATION TESTS

The following statements need to be certified as being true for an organization(s) seeking to obtain approval under the provisions of section 3689, Chapter 36, Title 38 U.S.C. Please initial items 1-9 below, sign and date the certification, and return with the Certification Test Application provided.

- \_\_\_\_\_ 1. Your certification test or tests are generally accepted, in accordance with relevant government, business, or industry standards, employment policies, or hiring practices attesting to a level of knowledge or skill required to enter into, maintain or advance in employment in a particular vocation or profession.
- \_\_\_\_\_ 2. 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 signed this certification application.
- \_\_\_\_\_ 3. 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 certificate issued.
- \_\_\_\_\_ 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 certificates required for vocations or professions.

*Note: Your organization would meet this requirement unless you provide the training to obtain the certificate or if you own or partly own an organization that does.*

- \_\_\_\_\_ 5. Your organization maintains appropriate records with respect to all candidates who take such a test for a period prescribed of at least 3 years
- \_\_\_\_\_ 6. Your organization promptly issues notice of the results of the test to the candidate for the license or certificate.
- \_\_\_\_\_ 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 vocations or professions. *NOTE: This process does not have to be in writing.*
- \_\_\_\_\_ 8. Your organization will furnish us 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 on the application and submitted to our office. *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, VA will obtain such authorization.*
- \_\_\_\_\_ 9. Upon request, your organization will make all appropriate records pertaining to the test data of veterans/eligible persons under title 38 United States Code, available for examination by VA or its representatives.

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

**IF YOU HAVE ANY QUESTIONS REGARDING THE CERTIFICATION STATEMENTS, PLEASE CONTACT OUR OFFICE AT 402-471-4826 FOR ASSISTANCE.**

For PPCS & VE Staff Use:      Approved      Denied

SAA Staff: \_\_\_\_\_ Date Effective: \_\_\_\_\_