



**NEW MEXICO DEPARTMENT OF VETERANS' SERVICES
STATE APPROVING AGENCY FOR VETERANS EDUCATION AND TRAINING**



**Application for Licensing or Certification and
Testing Approval**

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

License & 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, acknowledgeable in veteran's benefits, maintaining veteran's records, and the person from the VA or SAA will contact for information concerning all tests, veteran's test results, changes in the organization, resolution of complains, and provide assistance to veterans.*

*****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?	

The organization, as indicated in ‘Part A’, confirms that this test, as indicated in ‘Part B’, is recognized and accepted by other organizations or entities nationwide in accordance with the applicable level of knowledge and/or skills that are currently the benchmark to the quality and value of the general industry of the specialty of this test.

Signature of Organization’s Authorized Representative

Title of Authorized Representative

Date

For State Approving Agency (SAA) use only

Approval Date:		Revision Date:		Disapproval Date:	
Reason for Disapproval:					
Name of VETAA Representative:					
Signature of VETAA Representative:					

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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