

Wisconsin CVSO Accreditation Guide

Updated September 2010

Introduction – In this changing environment of VA information access due to interpretation of the privacy act, VA use of call centers, and access to VA computer programs it has become necessary for CVSO's and staff to hold multiple accreditations to get the information required to best serve our veterans.

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Ways to Accreditation

Basically, there are two ways to obtain accreditation. Each can eventually lead to multiple accreditations.

- Wisconsin Department of Veterans Affairs Claims Office periodically offers Wisconsin CVSO's and Staff a two day accreditation course. Recently that course has been a break off training at our training conference (it is not offered every conference). The cost for the counties is only the travel expense incurred. The next training is tentatively scheduled for Fall Conference September 2009 in the Wisconsin Dells.
- The National Association of County Veterans Service Officers offers accreditation training at its annual conference. It also offers Contract Training periodically around the country that one might be able to attend with coordination of the host contracting the training. Costs are currently Registration of \$275.00 and travel expense. Conferences are in June. 2009 is in San Diego CA, 2010 is in Minneapolis MN.

Per VA regulations an end of course examination is required.

Wisconsin Department of Veterans Affairs (WDVA) Accreditation

1. Accreditation - CVSOs and staff members will be considered for accreditation with the WDVA after satisfactory completion of one of the following:
 - a. The WDVA Accreditation training class and exam.
 - b. The National Association of County Veterans Service Officer Accreditation course.

Enrollment in the VA's Advisor program is also a requirement. See <http://www.vba.va.gov/bln/21/advisor/runtime/utilities/login.asp> when you register, set affiliation as 'other'.

2. Application – Submit the following to the WDVA Claims office in Milwaukee Attention Mr. Jim Engel:
 - a. Completed VA form 21 (See forms)
 - b. Course completion certificate of 1a or 1b above.
3. To maintain accreditation:
 - a. Completion of the online TRIP training. Enrollment is made by contacting Jean Hutton via email jean.hutton@va.gov.
 - b. Receive either regular supervision and monitoring or annual training to assure continued qualification as a representative in the claims process (IAW 38 C.F.R 14.629 a (2) (iii)).
 - c. There is a possibility that the VA will require a test be passed every five years to ensure accredited representatives are keeping their skills up to date. I have not been able to locate the reference.
4. WDVA Accreditation can lead to American Legion and VFW.

National CVSO Accreditation

1. Accreditation - NACVSO offers accreditation training (32 hours of classroom) during the annual training conference or via contract training. Members who attend the required training classes and pass the end of course exam may apply for accreditation by submitting the necessary documents to the office of the National Service Director.
2. Application – Submit the following to John Dorrity, NACVSO NSD, Ocean County Veteran Services, 1027 Hooper Ave., Bldg 2, Toms River, NJ 08754-2191:
 - a. Copy of applicants DD 214 if applicable.
 - b. VA Form 21.
 - c. Copy of the NACVSO training Certificate.
3. To maintain accreditation-
 - a. Submit the annual Continuing Education Units (CEU's) to George Hunt, P.O. Box 905 Carthage NC. 28327 by December 31 each year. The Wisconsin CVSO Association currently plans its training to fulfill all the requirements of the National CEU's. CEU form is found in the forms section.
 - b. Maintaining current membership in NACVSO is also required.

Failure to maintain membership and/or failure complete the annual CEU requirement may result in a revocation of the accreditation.

If you have questions or need assistance contact the NSD via e-mail at:
jdorrity@co.ocean.nj.us

4. National Conference schedule and any contract training can be found at
<http://nacvso.org/>

American Legion Accreditation

1. Accreditation - CVSOs and staff members will be considered for accreditation with the American Legion after satisfactory completion of one of the following:
 - a. Accreditation with the Wisconsin Department of Veterans Affairs (WDVA).
 - b. Accreditation with the National Association of County Veterans Service Officers (NACVSO).
2. Application – Submit the following for endorsement to Wisconsin American Legion, VA Regional Office- Room #164, 5400 West National Avenue, Milwaukee, WI 53214:
 - a. VA Form 21 (see forms section)
 - b. Copy of Accreditation from either WDVA or NACVSO
 - c. Legion Membership card if applicable.
3. To maintain accreditation – American Legion requires an open book test be passed every five years to maintain accreditation. That test will be sent to the accredited representatives with instructions.

Veterans of Foreign Wars (VFW) Accreditation

1. Requirements for accreditation –The Director, VFW National Veterans Service, shall not certify a person to be an accredited representative of the VFW unless such person:
 - Is of good character and reputation;
 - Is not employed by a civil or military department or agency of the United States;
 - Is a member in good standing of the VFW who functions full-time in veterans service work; if not a member of the VFW, is a full-time employee of the VFW or is an employee of a state or county government agency of veterans affairs whose principle accreditation is to the state, county or to another veterans service organization , and functions full-time in veterans service work; and,
 - Has successfully completed a Department of Veterans Affairs approved course of instruction on veterans benefits; or has received a passing grade on a examination recognized by the Director, VFW National Veterans Service and approved by the Department of Veterans Affairs, State Department of Veterans Affairs or similarly-named agency; or has demonstrated an ability to satisfactorily represent benefit claims as attested by the Department Service Officer.
 - Completed VA Online TRIP Training.
2. Procedure for accreditation – Submit the following to the Department Service Officer, Veterans of Foreign Wars, VA Regional Office – Room #166, 5400 West national Avenue, Milwaukee, WI 53214-3461:
 - VFW Application For Accreditation (see forms section)
 - VA Form 21 (see forms section)
 - Letter requesting endorsement cover letter by the Department Commander or Adjutant.
 - VA TRIP training certificate.
3. To maintain accreditation (reaccreditation) – In 2008, VA began requiring the reaccreditation of service officers every 5 years. As a consequence, VFW devised a strategy to assess individual character and acceptable job proficiency. This approach includes:
 - Reviewing information from various sources to determine the number and frequency of complaints about service to claimants;
 - Feedback from Department leadership; and
 - Test scoresThose individuals of good character and reputation, who demonstrate adequate job knowledge through either consistent success on tests or a passing score on the reaccreditation test, will be reaccredited as long as their Department leadership has no objection.
4. References - VFW National Veterans Service Policy and Procedure manual (see references).

Disabled American Veterans (DAV) Accreditation

1. Accreditation - CVSOs and staff members will be considered for accreditation with the DAV only after becoming accredited with the National Association of County Veterans Service Officers and becoming TRIP certified with the VA.
2. Application - The applicant must submit the following to the office of the NACVSO National Service Director (see page 5 above).
 - a. Application as Accredited Representative-VA Form 21 (see forms section)
 - b. Your NACVSO Accreditation Certificate
 - c. Your TRIP Training Certificate
 - d. Your signed DAV Accreditation Agreement (see forms section)
3. To maintain accreditation follow instructions on page 5 for NACVSO.

Military Order of the Purple Heart (MOPH) Accreditation

1. Accreditation - CVSOs and staff members will be considered for accreditation with the MOPH only after becoming accredited with the National Association of County Veterans Service Officers and becoming TRIP certified with the VA.
2. Application - The applicant must submit the following to the office of the NACVSO National Service Director (see page 5 above).
 - a. Application as Accredited Representative-VA Form 21 (see forms section)
 - b. Your NACVSO Accreditation Certificate
 - c. Your TRIP Training Certificate
 - d. Your signed MOPH Accreditation Agreement (see forms section)
3. To maintain accreditation follow instructions on page 5 for NACVSO

Other Service Organization Accreditations

1. Organizations with an office at the Milwaukee VARO – Paralyzed Veterans of America. They do not offer the opportunity for CVSOs to be accredited.
2. If you are accredited with the National Association of County Veterans Service Officers you may apply for accreditation with the following organizations. See the National website for instructions.
 - AMVETS
 - TREA
 - VVA

Forms

1. VA form 21 Application for Accreditation as a service Organization
Representative <http://www.va.gov/vaforms/va/pdf/VA21.pdf>12
2. NACVSO Continuing Education Units (CEU's)13-14
3. VFW Application For Accreditation15-16
4. DAV Accreditation Agreement.....17
5. MOPH Accreditation Agreement.....18

References

1. United States Code Title 38 section 5901 through 5905
2. 38 Code of Federal Regulations 14.627 through 14.633
3. Wisconsin Department of Veterans Affairs Administrative Policies and
procedures No: AD-119
4. VFW National Veterans Service Policy and Procedures
<http://www.vfw.org/resources/vetservices/P&P.Feb.2009.pdf>



APPLICATION FOR ACCREDITATION AS SERVICE ORGANIZATION REPRESENTATIVE

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE: The information requested on this form is solicited under 38 U.S.C., Section 5902, which authorizes VA to recognize representatives of approved organizations for the preparation, presentation, and prosecution of claims under laws administered by VA. The requested information will enable VA to determine your eligibility for accreditation as a representative of a recognized service organization. Your disclosure of this information to us is voluntary, but your failure to provide full information could delay or preclude your accreditation. The Privacy Act authorizes VA to disclose the information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Current and Former Accredited Representative, Claims Agent, and Representative and Claims Agent Applicant and Rejected Applicant Records-VA" (01VA022). Such routine uses include verification of the identity, status, and service organization affiliation of representatives, civil or criminal law enforcement, communications with members of Congress of their representatives, Government litigation, and notification to service organizations of information relevant to a refusal to grant or a suspension or termination of accreditation.

RESPONDENT BURDEN: VA may not conduct or sponsor, and you are not required to respond to, this collection of information unless it displays a valid OMB Control Number. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005G2), 810 Vermont Avenue, NW, Washington, DC 20420. **Send comments only. Do not send** this form or requests for benefits to this address.

SECTION I - TO BE EXECUTED BY DESIGNEE (Type or print)

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. BUSINESS ADDRESS
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3. BRANCH OF SERVICE (Check applicable boxes)
 ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD NON-VETERAN OTHER (Specify)

4. LIST OF DATES OF ALL ACTIVE SERVICE	5. CHARACTER OF DISCHARGE(S)	6. METHOD OF QUALIFICATION <input type="checkbox"/> COMPLETED VA APPROVED COURSE <input type="checkbox"/> PASSED VA APPROVED EXAMINATION <input type="checkbox"/> EXPERIENCE
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7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT

7B. RELATIONSHIP TO ORGANIZATION		7C. COUNTY VETERANS SERVICE OFFICERS
ARE YOU A MEMBER IN GOOD STANDING OF THE ORGANIZATION SHOWN IN ITEM 7A? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID EMPLOYEE OF THE ORGANIZATION SHOWN IN ITEM 7A, WORKING FOR THE ORGANIZATION FOR NOT LESS THAN 1000 HOURS ANNUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID COUNTY EMPLOYEE: A) WHO WORKS FOR THE COUNTY NOT LESS THAN 1000 HOURS ANNUALLY; B) WHO HAS SUCCESSFULLY COMPLETED VA-APPROVED STATE TRAINING AND EXAMINATION; AND C) WHO WILL RECEIVE REGULAR STATE SUPERVISION AND MONITORING OR ANNUAL TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO

8. ARE YOU ACCREDITED TO ANY OTHER ORGANIZATION(S)?
 YES NO (If "YES," give name of organization(s))

9A. ARE YOU EMPLOYED IN ANY CIVIL OR MILITARY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of agency or department)	9B. HAVE YOU EVER HELD A FEDERAL GOVERNMENT POSITION WHICH INVOLVED ANY ACTION RESPECTING CLAIMS IN THE DEPARTMENT OF VETERANS AFFAIRS OR THE VETERANS ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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It is understood and agreed that neither the designee nor the organization will charge or accept any fee or other gratuity for services rendered a claimant; that neither will publish or divulge any confidential information except as provided by law or regulation; and that any breach of these conditions will be sufficient basis for revocation of accreditation.

10. SIGNATURE OF DESIGNEE	11. DATE OF SIGNATURE
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SECTION II - TO BE EXECUTED BY PROPER CERTIFYING OFFICER OF RECOGNIZED ORGANIZATION

CERTIFICATION: Subject to the foregoing agreement, the undersigned hereby certifies that the designee is of good character and reputation, is qualified by ability and experience to present claims, and that the foregoing statements are believed to be correct. We therefore recommend accreditation.

12. SIGNATURE AND TITLE OF CERTIFYING OFFICER	13. NAME OF ORGANIZATION
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14. ADDRESS OF CERTIFYING OFFICER	15. DATE OF SIGNATURE
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PENALTY: The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine or imprisonment or both (18 U.S.C. 1001).

**NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS
CONTINUING EDUCATION REQUIREMENTS**

1. Attendance of Phase 1 or 2 classes during the Annual NACVSO Conference. (**No CEU Report Required**).

Or

2. Submittal, to the Education Chair designee, of **training syllabus** and **NACVSO CEU form** showing attendance, hours and subjects covered. **A minimum of 16 hours, consisting of 4 hours of compensation and pension, 2 hours of appeals, and 1 hour of medical instruction are required.**

Forward Item 2 on following page, to:

**George Hunt
P.O. Box 905
Carthage, NC 28327**

CEU Reports are due on December 31 of each year.

NACVSO Continuing Education Units (CEU's) Report Form

Complete this form and send it to the NACVSO Education Committee Chairman.

NAME: First Last

State Year

Date of Training >	Hours	Hours	Hours	Hour	Total
*Compensation/Pension-4 Hrs (minimum)					
-Secondary S/C Conditions					
-EVR's Income Evaluation					
-Claim Development					
-Individual Unemployability					
-Presumptive Disabilities					
-Ratings, SMC					
-Other Related Issues; list					
TOTAL HOURS FROM C/P SECTION					
*Appeals-BVA & COVA - 2 Hrs (minimum)					
*Resources/Reference Manuals					
-Title 38 USC-Title 38 CFR- M-21					
-Regional Office Updates					
-Department of Military Affairs -Service Organizations					
-DSM IV					
-Other Related Materials; list					
*USDVA Medical Centers - 1 Hr (minimum)					
*Home Loan Guaranty Program					
*Education					
*Death Benefits					
*Women's Issues					
*Debt Management					
*Insurance					
*Agent Orange/PGW					
*Homeless Veterans					
TOTAL FROM ABOVE SECTIONS - 12 Hrs (minimum)					
*Electives - 4 Hrs (optional)					
-State/Local Veterans Programs					
-Department of Labor					
-Social Security Administration					
-Medical Training, ie Anatomy					
-Anatomy and Physiology					
-Psychology - Sociology					
-Pharmacology Terms					
-ADA					
*Other Related Topics; (list)					
Total From Electives Section					

* Required areas (indicated in bold) must be met. To maintain accreditation status with NACVSO, CEU's must total 16 Hrs (minimum) Only 4 Hrs can be in the electives area. 12 Hrs must come from the portion of the form above the double line.

Signature of Applicant: Date:

Comments:

For Education Committee Use Only: Total CEU Hours Accepted: Requirements Met: YES NO Reviewed by:

NACVSO Continuing Education Report Form Signature of Education Committee Representative

VFW APPLICATION FOR ACCREDITATION

General - In order to present claims and gain access to certain information concerning veterans and others seeking benefits from the Department of Veterans Affairs (VA), the law requires that a recognized veterans service organization certify that the individual is of good character and has a basic understanding of benefit programs administered by VA. The information on this application will be used by the VFW to determine whether it will ask VA to accredit you.

Requirements for completion and submission

Please complete this application. A response to each question is required. If a question does not apply to you please place N/A in the area provided for a response. Incomplete applications will not be processed. Both this form AND the VA Form 21, Application for Accreditation as Service Organization Representative, must be completed. Complete, sign and submit both applications to the VFW Department (state) commander of the state where employed. The Department commander will verify the information contained on both applications. Applications received without a Department Commander's approval will not be processed by the National Veterans Service.

NAME

LAST NAME	FIRST NAME	MIDDLE INITIAL

Have you ever used a different name: NO YES

If yes, please provide complete name and describe circumstances of name change:

Name: _____

Circumstance: _____

HOME ADDRESS

Current Home Address: _____

Street Address	City	State	Zip

How long have you lived at this address? Months _____ Years _____

EMPLOYMENT HISTORY

Current Employer:

Name of Employer	Address of Employer	From:	To:
		/ /	/ /

Two Previous Employers:

Name of Employer	Address of Employer	From:	To:
		/ /	/ /

Name of Employer	Address of Employer	From:	To:
		/ /	/ /

Have you ever been fired from a job? NO YES

If yes, please explain: _____

CRIMINAL HISTORY

Have you ever been convicted of a crime? *(exclude traffic violations, except DUI)* NO YES

If yes, list conviction(s) & state(s) where convicted: _____

Describe Crime(s): _____

Please attach a separate sheet if additional space is needed.

VFW APPLICATION FOR ACCREDITATION

Page 2

EDUCATION

High School Attended _____ City _____ State _____

Did you graduate? NO YES If yes, what year? _____

College(s) Attended _____ City, State _____ Did you Graduate? _____ Year _____

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you have not graduated, please list how many credit hours earned to date: _____ If you have graduated, please list your degree(s): _____

SERVICE OFFICER EXPERIENCE

Are you *currently* a veterans service officer? NO YES

If yes, what organization? _____

From:	To:
/ /	currently

If you are a State employee or County Service Officer, please list the specific State/County.

Please provide the name, address and phone number for your immediate supervisor.

Supervisor's Name _____ Address _____ City _____ State/Zip _____ Area Code & Phone Number _____

Are you *currently* accredited with any other veterans service organization? NO YES

If yes, for what organization(s)? _____

From:	To:
/ /	currently
/ /	currently
/ /	currently

Please attach a separate sheet if additional space is needed.

Have you *ever* worked as a veterans service officer? NO YES

If yes, for what organization? _____

From:	To:
/ /	/ /

Location: _____

Reason for Leaving: _____

I affirm the foregoing to be true to the best of my knowledge. Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested may be cause for rejection of this application or

Signature of Applicant	Date of Signature	Daytime Phone Number of Applicant

**DISABLED AMERICAN VETERANS
ACCREDITATION AGREEMENT
FOR**

COUNTY VETERANS SERVICE OFFICERS

The Disabled American Veterans (DAV) establishes the following policies and guidelines for accreditation of County Veterans Service Officers (CVSOs) who are members of the National Association of County Veterans Service Officers, Inc (NACVSO). DAV accreditation will allow CVSOs all rights and privileges as prescribed within Title 38, United States Code & Code of Federal Regulations.

CVSOs must also agree to distribute *DAV's Statement of Policy for Representation* to new clientele electing DAV representation and adhere to the following DAV policies.

1. CVSOs must successfully pass a competency test provided by the NACVSO, and be accredited by the NACVSO prior to submission of VA Form 21, *Application for Accreditation as Service Organization Representative* to the National Service Director of the DAV.
2. CVSOs must process all client related information (i.e., correspondence, forms, etc.) through the local DAV National Service Office for review prior to submission to VA.
3. CVSOs may not prepare appellate briefs (VA Form 646s) on behalf of DAV clientele.
4. CVSOs may not represent DAV clientele before administrative hearing personnel and/or panels (i.e., DRO, VARO, BVA, COWC, etc.).

I have read and understand the Memorandum of Agreement between the DAV and the NACVSO in addition to the above listed policies and I agree to abide by them as terms for my continued accreditation with DAV.

Printed Name

County & State

Signature

Date

Military Order of the Purple Heart

"Combat-Wounded"



Chartered By Congress

ACCREDITATION AGREEMENT for COUNTY VETERANS SERVICE OFFICERS

The Military Order of the Purple Heart (MOPH) establishes the following policies and guidelines for accreditation of County Veterans Service Officer (CVSOs) who are members of the National Association of County Veterans Service Officers, Inc. (NACVSO). MOPH accreditation will allow CVSOs all rights and privileges as prescribed within Title 38, United States Code & code of Federal Regulations.

CVSOs must also agree to distribute the *Military Order of the Purple Heart Policy on Representation* to new clientele electing MOPH representation and adhere to the following MOPH policies:

1. CVSOs must successfully pass a competency test provided by the NACVSO, and be accredited by the NACVSO prior to submission of VA Form 21, Application for Accreditation as Service Organization Representative, to the National Service Director of MOPH.
2. CVSOs must process all client related information (i.e., correspondence, forms, etc.) through the local MOPH National Service Office for review prior to submission to VA.
3. CVSOs may not prepare appellate brief (VA Form 646) on behalf of MOPH clientele.
4. CVSOs may not present MOPH clientele before administrative hearing personnel and/or panels (i.e., DRO, VARO, BVA, COWC, etc.).

In addition to the above policies, I have read and understand the Memorandum of Agreement between MOPH and the NACVSO and the Military Order of the Purple Heart Policy on Representation, and I agree to abide by them as terms for my continued accreditation with MOPH.

Printed Name

County & State

Signature

Date