



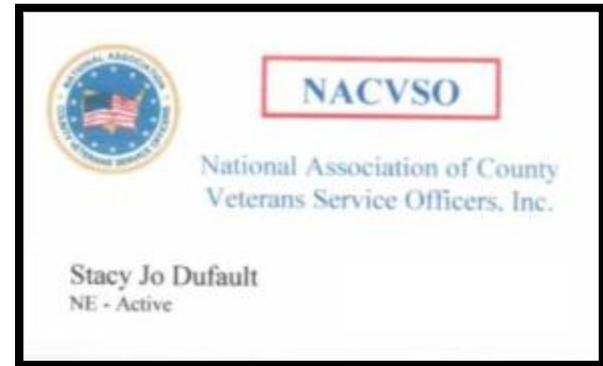
Becoming an Accredited Service Officer

Why am I here?
What are the benefits?

Stacy Jo Dufault
National Service Director

Where to start

- Membership
 - Apply for Membership
 - Pay yearly dues
- Attend NACVSO Sponsored Training
 - Annual Conference OR
 - Contract Training
- Take Required Accreditation Course
 - Pass the test



Accreditation 101

- What does it mean?
 - to provide or send with credentials
 - designate officially
- VA Memorandum of Understanding
- Access VA database and veterans records
 - Call Center
 - VBMS
 - Pension
 - SEP



So I passed the test, now what?

- Submit appropriate documents
 - VA Form 21
 - DD214
 - All periods of service
 - Copy of Certificate from NACVSO accreditation training



Form 21

Department of Veterans Affairs		Form Approved: OMB No. 2900-0018 Respondent Burden: 15 minutes
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 Your name here	2. BUSINESS ADDRESS Your work address here	
3. BRANCH OF SERVICE (Check applicable boxes) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NON-VETERAN <input type="checkbox"/> OTHER (Specify)		
4. LIST OF DATES OF ALL ACTIVE SERVICE List all dates of service	5. CHARACTER OF DISCHARGE(S) List Character of Service	6. METHOD OF QUALIFICATION <input checked="" type="checkbox"/> COMPLETED VA APPROVED COURSE <input checked="" type="checkbox"/> PASSED VA APPROVED EXAMINATION <input checked="" type="checkbox"/> EXPERIENCE
7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT 064- National Association of County Veteran Service Officers		
7B. RELATIONSHIP TO ORGANIZATION		7C. COUNTY VETERANS SERVICE OFFICERS
ARE YOU A MEMBER IN GOOD STANDING OF THE ORGANIZATION SHOWN IN ITEM 7A? <input checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8. ARE YOU ACCREDITED TO ANY OTHER ORGANIZATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of organization(s)) Well, are you? (VFW, American Legion, State Depts)		
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	
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 Sign here	11. DATE OF SIGNATURE Date	
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	
14. ADDRESS OF CERTIFYING OFFICER	15. DATE OF SIGNATURE	
This part is for me----leave it blank		
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).		

Select all that apply

• Submit an original signed Form 21

Answer 8

Answer 9A & 9B

• Retain a copy for your records

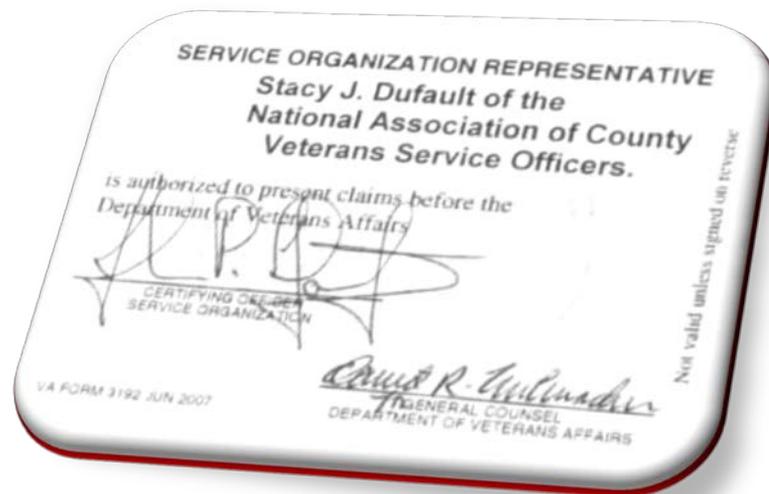
In the meantime....

- Cross accreditations
 - TRIP Training
 - Who to contact
 - What to do
 - Why you need it
- Hurry up and wait
- <6 months

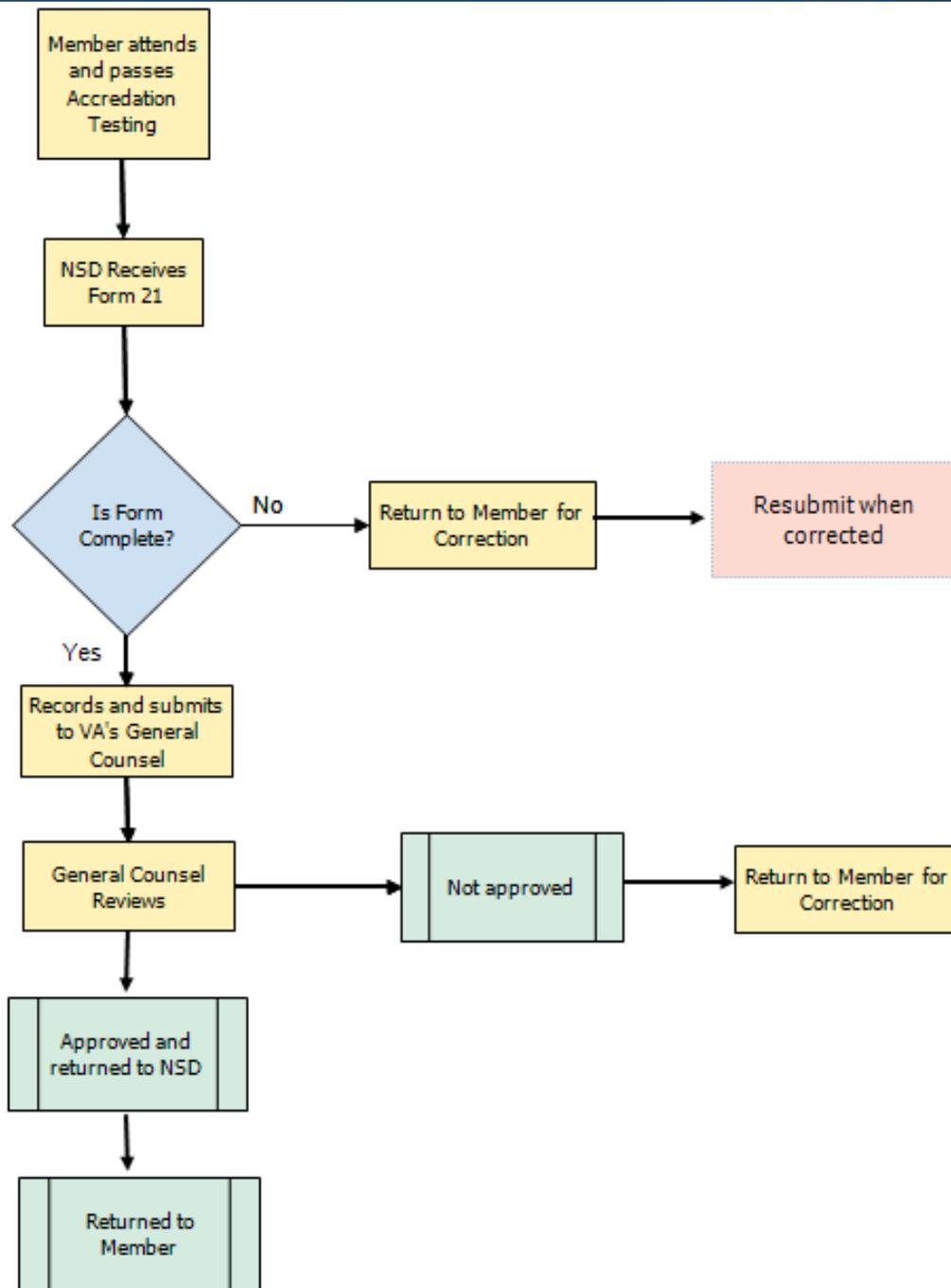


Becoming accredited

- Receiving your card
 - VA Form 3192
 - Display your card
 - Check VA Accredited Representative site
 - [OGC - Accreditation Search](#)



Flowchart



Gaining more access

- Cross Accreditation Organizations



- Must have completed TRIP

TRIP Certificate

Department of Veterans Affairs

Certification

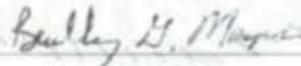
Presented to

STACY JO DUFAULT

**National Association of County
Veterans Service Officers**
has successfully completed

**Training, Responsibility, Involvement and Preparation of Claims
(TRIP) Program**

Wednesday, January 07, 2009



Bradley G. Mayes
Director
C&P Services

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7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT The Name of the Organization you are crossing with (AMVETS, DAV, MOPH, TREA, VVA)		
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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This part is for the Organization—leave blank		
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• Submit an original signed Form 21

Select all that apply

Meaning are you a "card carrying, dues paying, attend meetings" member of the Organization listed in n block 7A?

• Retain a copy for your records

Answer 8

Answer 9A & 9B

• Separate Form 21 for each organization

Other required documents



- Supervisors approval
- Nearest NSO sponsorship
- Copy Current Membership card



- DAV Agreement



- Biography sheet
- MOPH Agreement

Food for thought

- Maintaining Accreditation

- Remain a member in good standing
- Submit CEUs annually OR
- Attend Annual Conference



- Revocation of Accreditation

- Failure to submit CEUs
- Non-payment of Dues
- Unethical practices

Where do I send them?



- Stacy Jo Dufault
- Veterans Service Office
- 346 Main St, Room 102
- Plattsmouth, NE 68048

- (402) 296-9368
- stacyd@cassne.org

Questions?

