Form Approved, OMB No. 2900-0605
Respondent Burden: 45 minutes

Department of Veterans Affairs

APPLICATION FOR ACCREDITATION AS A CLAIMS AGENT OR ATTORNEY

INSTRUCTIONS: Please provide the applicable personal and employment data, then read each question and provide complete answers to all questions that apply to you. If additional space is needed, please attach a supplementary page(s). After providing all of the requested information, sign and date your application. Unsigned or incomplete applications will not be processed. Send completed applications to: Department of Veterans Affairs, Office of the General Counsel (022D), 810 Vermont Avenue, NW, Washington, D.C. 20420. After an affirmative determination of character and fitness for practice before the VA, claims agent applicants must achieve a score of 75 percent or more on a written examination administered VA as a prerequisite to acreditation. Claims agent applicants will be given written instructions for arranging to take the examination if initial eligibility is established. Attorney applicants must be in good standing with a State bar and are not required to take an examination administered by VA as a prerequisite to accreditation. Denials of initial eligibility for accreditation as a claims agent or attorney are final and are not subject to appeal, but applicants may reapply.

1. LAST NAME - FIRST NAME - MIDDLE NAME	2A. HOME ADDRESS *(street, city, state, ZIP Code)*	2B. PHONE NUMBER *(Including area code)*
		2C. E-MAIL ADDRESS *(If available)*

3A. EMPLOYMENT STATUS	3B. WORK ADDRESS *(street, city, state, ZIP Code)*	5. PLACE OF BIRTH *(City, State, Country)*	
☐ EMPLOYED *(Complete Item 3B)* ☐ UNEMPLOYED *(Skip Item 3B)* ☐ SELF-EMPLOYED *(Skip Item 3B)* ☐ STUDENT *(Skip Item 3B)*		6. BRANCH OF SERVICE	7. CHARACTER OF DISCHARGE
	4. DATE OF BIRTH *(Month, day, year)*	8. LIST DATES OF ALL ACTIVE MILITARY SERVICE	

9. EMPLOYMENT *(Provide information for past five years - use additional sheets if necessary)*

A. EMPLOYER NAME AND ADDRESS *(street, city, state, ZIP Code)*	B. EMPLOYER PHONE NO. *(Include area code)*	C. POSITION TITLE	D. EMPLOYMENT DATES *(Month/Day/Year)*	E. NAME OF SUPERVISOR
	EXTENSION:			
	EXTENSION:			
	EXTENSION:			

10. EDUCATION *(Provide information for high school graduation and list all colleges or universities attended and degrees received)*

A. NAME AND ADDRESS OF INSTITUTION *(street, city, state, ZIP Code)*	B. DATES ATTENDED *(Month/Year)*	C. DEGREE RECEIVED/MAJOR

11A. ARE YOU CURRENTLY A MEMBER IN GOOD STANDING OF THE BAR OF THE HIGHEST COURT OF A STATE OR TERRITORY OF THE UNITED STATES?	11B. IF "YES," LIST EACH JURISDICTION IN WHICH ADMITTED, THE DATE OF ADMISSION, AND MEMBERSHIP OR REGISTRATION NUMBER.		
	JURISDICTION IN WHICH ADMITTED	**DATE OF ADMISSION**	**MEMBERSHIP OR REGISTRATION NO.**
☐ YES ☐ NO			

12A. ARE YOU CURRENTLY ADMITTED TO PRACTICE BEFORE ANY STATE OR FEDERAL AGENCY OR ANY FEDERAL COURT?	12B. IF "YES," LIST EACH AGENCY OR FEDERAL COURT TO WHICH ADMITTED, THE DATE OF ADMISSION, AND MEMBERSHIP OR REGISTRATION NUMBER.		
	AGENCY IN WHICH ADMITTED	**DATE OF ADMISSION**	**MEMBERSHIP OR REGISTRATION NO.**
☐ YES ☐ NO			

BACKGROUND INFORMATION: Truthfulness and candor are essential elements of good moral character and reputation relevant to practice before the Department of Veterans Affairs. It is in your best interest; therefore, to provide the Office of the General Counsel with all available information in responding to the questions asked below. ***For each question answered "YES," provide a detailed statement setting forth all relevant facts and dates along with copies of relevant documents.***

Your responses must be updated as necessary prior to your accreditation. Failure to disclose the requested information may result in denial of accreditation under 38 C.F.R. § 14.629 or in disciplinary proceedings under 38 C.F.R. § 14.633 if you are already accredited.

For questions 13 through 15 your answers should include convictions resulting from a plea of nolo contendere *(no contest)*, but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, and (3) any conviction for which the record was expunged under Federal or state law.

13A. HAVE YOU EVER BEEN CONVICTED, IMPRISONED, SENTENCED TO PROBATION OR PAROLE? *(Include felonies, firearms or explosives violations, misdemeanors, and all other offenses.)*	13B. IF "YES," PROVIDE THE DATE, EXPLANATION OF THE VIOLATION, PLACE OF OCCURRENCE, AND THE NAME AND ADDRESS OF THE MILITARY AUTHORITY OR COURT INVOLVED.
☐ YES ☐ NO	

14A. HAVE YOU EVER BEEN CONVICTED, BY A MILITARY COURT-MARTIAL? *(If no military service, answer "NO,")*	14B. IF "YES," PROVIDE THE DATE, EXPLANATION OF THE VIOLATION, PLACE OF OCCURRENCE, AND THE NAME AND ADDRESS OF THE MILITARY AUTHORITY OR COURT INVOLVED.
☐ YES ☐ NO	

15A. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	15B. IF "YES," PROVIDE THE DATE, EXPLANATION OF THE VIOLATION, PLACE OF OCCURENCE, AND THE NAME AND ADDRESS OF THE MILITARY AUTHORITY OR COURT INVOLVED.
☐ YES ☐ NO	

16. HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO RESIGN OR WITHDRAW FROM ANY EDUCATIONAL INSTITUTION, OR HAVE YOU RESIGNED OR WITHDRAWN FROM ANY SUCH INSTITUTION IN TIME TO AVOID DISCIPLINE, SUSPENSION, OR EXPULSION FOR CONDUCT INVOLVING DISHONESTY, FRAUD, MISREPRESENTATION, OR DECEIT?

☐ YES ☐ NO

17. HAVE YOU EVER BEEN DISCIPLINED, REPRIMANDED, SUSPENDED OR TERMINATED IN ANY JOB FOR CONDUCT INVOLVING DISHONESTY, FRAUD, MISREPRESENTATION, DECEIT, OR ANY VIOLATION OF FEDERAL OR STATE LAWS OR REGULATIONS?

☐ YES ☐ NO

18. HAVE YOU EVER RESIGNED, RETIRED FROM, OR QUIT A JOB WHEN YOU WERE UNDER INVESTIGATION OR INQUIRY FOR CONDUCT WHICH COULD HAVE BEEN CONSIDERED AS INVOLVING DISHONESTY, FRAUD, MISREPRESENTATION, DECEIT, OR VIOLATION OF FEDERAL OR STATE LAWS OR REGULATIONS, OR AFTER RECEIVING NOTICE OR BEING ADVISED OF POSSIBLE INVESTIGATION, INQUIRY, OR DISCIPLINARY ACTION FOR SUCH CONDUCT?

☐ YES ☐ NO

19. HAVE YOU EVER FUNCTIONED AS A REPRESENTATIVE, AGENT, OR ATTORNEY BEFORE A STATE OR FEDERAL DEPARTMENT OR AGENCY?

☐ YES ☐ NO

Adobe LiveCycle Designer 7.1

20. HAVE YOU EVER BEEN REPRIMANDED, SUSPENDED, OR BARRED FROM PRACTICE BEFORE ANY COURT, BAR, OR FEDERAL OR STATE AGENCY, OR HAVE YOU RESIGNED MEMBERSHIP IN THE BAR OF ANY COURT, OR FEDERAL OR STATE AGENCY TO AVOID REPRIMAND, SUSPENSION, OR DISBARMENT FOR CONDUCT INVOLVING DISHONESTY, FRAUD, MISREPRESENTATION, OR DECEIT?

☐ YES ☐ NO

21. HAVE YOU EVER APPLIED FOR ACCREDITATION BY THE DEPARTMENT OF VETERANS AFFAIRS AS A REPRESENTATIVE OF A VETERANS SERVICE ORGANIZATION, AGENT, OR ATTORNEY?

☐ YES ☐ NO

22. IF YOU WERE PREVIOUSLY ACCREDITED AS A REPRESENTATIVE OF A VETERANS SERVICE ORGANIZATION, WAS THAT ACCREDITATION TERMINATED OR SUSPENDED AT THE REQUEST OF THE ORGANIZATION?

☐ YES ☐ NO

23A. DO YOU HAVE ANY CONDITION OR IMPAIRMENT (SUCH AS SUBSTANCE ABUSE, ALCOHOL ABUSE, OR A MENTAL, EMOTIONAL, NERVOUS, OR BEHAVIORAL DISORDER OR CONDITION) THAT IN ANY WAY CURRENTLY AFFECTS, OR, IF UNTREATED OR NOT OTHERWISE ACTIVELY MANAGED, COULD AFFECT YOUR ABILITY TO REPRESENT CLAIMANTS IN A COMPETENT AND PROFESSIONAL MANNER?

☐ YES ☐ NO

23B. IF YOU ANSWERED "YES," TO ITEM 23A, PLEASE DESCRIBE THE CONDITION OR IMPAIRMENT, AND ANY TREATMENT YOU RECEIVED IN THE PAST YEAR OR RECEIVE NOW. IF YOU HAVE BEEN UNDER THE CARE OR SUPERVISION OF A HEALTH-CARE PROFESSIONAL, SUBMIT A STATEMENT BY THE HEALTH-CARE PROFESSIONAL SPECIFYING YOUR CURRENT DIAGNOSIS, TREATMENT REGIMEN, AND PROGNOSIS, AND ITS BEARING ON YOUR FITNESS TO REPRESENT CLAIMANTS BEFORE THE DEPARTMENT OF VETERANS AFFAIRS.

24A. DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD INTERFERE WITH YOUR COMPLETION OF A WRITTEN EXAMINATION ADMINISTERED UNDER THE SUPERVISION OF A VA REGIONAL COUNSEL *(Claims agent applicants only)* ?

☐ YES ☐ NO

24B. IF "YES," PLEASE STATE THE NATURE OF SUCH LIMITATIONS AND PROVIDE DETAILS OF ANY SPECIAL ACCOMMODATIONS DEEMED NECESSARY.

25. CHARACTER REFERENCES

(Please provide the full names, addresses, and current phone numbers of three individuals who are not immediate family members and who have personal knowledge of your character and qualifications to serve as a claims agent or attorney.)

NAME	ADDRESS	PHONE NUMBER *(Include area code)*	RELATIONSHIP TO APPLICANT
		EXTENSION:	
		EXTENSION:	
		EXTENSION:	

CERTIFICATION: I CERTIFY THAT the statements and entries on this form are true and correct. *(A willfully false statement or certification is a criminal offense and is punishable by law [18 U.S.C. 1001]).*

SIGNATURE OF APPLICANT	DATE SIGNED

Adobe LiveCycle Designer 7.1

PRIVACY ACT INFORMATION: The information requested on this form is solicited under Section 5904, Title 38, United States Code and Section 14.629(b) of Title 38, Code of Federal Regulations. It will enable VA to determine initial eligibility for accreditation as a claims agent or attorney to represent claimants before VA. Any information on this form may be disclosed outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 01VA022, Current and Former Accredited Representative, Claims Agent, Attorney, and Representative, Claims Agent, and Attorney Applicant and Rejected Applicant Records--VA, published in the Federal Register. Routine disclosures may be made for the following purposes: civil or criminal law enforcement or investigation; congressional communications; communications relevant to the delivery of VA benefits; verification of identity and status; litigation conducted by the Department of Justice; and communication with employing entities and governmental licensing organizations concerning information relevant to employment or licensing of a prospective, present, or former representative, claims agent or attorney. Providing the requested information is voluntary; however, failure to furnish information may delay or prevent action on the application.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information send your comments to VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, D.C. 20420. Please do not send applications for accreditation to this address.

Adobe LiveCycle Designer 7.1