

# FRA 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 FRA 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. This form, certificate of education completion AND the VA Form 21, Application for Accreditation as Service Organization Representative, must be completed. Complete, sign and submit both applications, along with certificate of education to the FRA National Service Director (NSD) who will verify the information contained on both applications. Incomplete applications recieved will not be processed and returned to applicant.

## 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: \_\_\_\_\_

Are you currently an FRA member? ☐ NO ☐ YES Branch No./MAL \_\_\_\_\_

## 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:

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.

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## 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

☐

☐

☐

☐

☐

☐

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

From:

/ /

To:

currently

If yes, what organization? \_\_\_\_\_

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

Indicate VA benefits related course, completion date and location (Provide copy of certificate.)

Are you requesting reimbursement for the cost of training?

☐ NO

☐ YES

COST\*

\$ \_\_\_\_\_

*\* Provide receipt*

Are you *currently* accredited with any other veterans service organization?

☐ NO

☐ YES

From:

/ /

To:

currently

If yes, for what organization(s)? \_\_\_\_\_

From:

/ /

To:

currently

*Please attach a separate sheet if additional space is needed.*

From:

/ /

To:

currently

Have you *ever* worked as a veterans service officer?

☐ NO

☐ YES

From:

/ /

To:

/ /

If yes, for what organization? \_\_\_\_\_

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 later cancellation of my accreditation.

Signature of Applicant

Date of Signature

Daytime Phone Number of Applicant