

**Application  
For  
American Legion/CVSO Accreditation  
For  
Representing Claimants  
Before The  
Department of Veterans Affairs (VA)**  
(revised January 17, 2014)

1. Name: \_\_\_\_\_
2. County: \_\_\_\_\_
3. Address of your County Service Office: \_\_\_\_\_  
\_\_\_\_\_
4. Your County Service Office Phone Number: \_\_\_\_\_
5. Your County Service Office e-mail address: \_\_\_\_\_
6. Your County Service Office Fax Number: \_\_\_\_\_
7. American Legion Membership Number: \_\_\_\_\_
8. Years you have been a County Veterans Service Officer: \_\_\_\_\_
9. Are you a paid employee of the county working at least 1,000 per year?  
\_\_\_\_\_
10. Will you attend at least annual CVSO training programs offered by the State of Indiana? \_\_\_\_\_
11. Does your County insure you against malpractice claims? \_\_\_\_\_
12. Have you ever been:
  1. Convicted of a felony? \_\_\_\_\_
  2. Convicted of a misdemeanor involving fraud, bribery, deceit, theft, or misappropriation? \_\_\_\_\_
13. If you have a legal employment background, have you ever been suspended or disbarred from practicing law? \_\_\_\_\_
14. Do you work in a County Veterans Service Office that has modern computer equipment? \_\_\_\_\_
15. Do you have VA accreditation through any other service organization or agency? \_\_\_\_\_
16. Have you already taken and passed VA's TRIP training course? \_\_\_\_ If yes, please send us a copy of your VA TRIP Training Certificate.
17. Please explain why you would like American Legion Accreditation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return application to: The American Legion Veterans Service Office  
Room 325, 575 North Pennsylvania Street, Indianapolis, Indiana 46204