

Date: \_\_\_\_\_ 200\_

TO: MCL National VAVS Rep  
Patrick J. Cody, PNC  
PO Box 64  
Industry PA 15052-0064

FROM: \_\_\_\_\_  
(Enter Detachment number and name, and Department)

Subject: Certification / Recertification Request for MCL members

The following members request certification / recertification as Detachment Representatives and Deputies to:

\_\_\_\_\_ (Enter VA Hospital Name and address)  
This cert/recert is required every two years by the Dept. of Veterans Affairs regulations for veterans organization volunteers. You can name one (1) Representatives and upto three (3) deputies.

\_\_\_\_\_  
Name of Representative:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone number or e-mail address



\_\_\_\_\_  
City, St. and Zip code

\_\_\_\_\_  
Rep

\_\_\_\_\_  
Deputy

\_\_\_\_\_  
Name of Deputy:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone number or e-mail address



\_\_\_\_\_  
City, St. and Zip code

\_\_\_\_\_  
Rep

\_\_\_\_\_  
Deputy

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone number or e-mail address



\_\_\_\_\_  
City, St. and Zip code

\_\_\_\_\_  
Rep

\_\_\_\_\_  
Deputy

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone number or e-mail address



\_\_\_\_\_  
City, St. and Zip code

\_\_\_\_\_  
Rep

\_\_\_\_\_  
Deputy

Signed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Det Cmdt or Adjutant Paymaster ( indicate which)

## **Information regarding Certification or Recertification**

*The Detachment Commandant or the Detachment Adjutant/Paymaster must complete and submit **Form MCL VAVS RD** (see page 1) to the National VAVS Representative, (address above) when requesting certification of a member of the League as a representative or deputy to a particular Dept of V.A. Medical Center as per the DVAMC rules. The rules apply to every veterans organization, including the League. This is separate procedure from being authorized as a volunteer.*

*The certification is good for two (2) years. Recertification is not automatic, it is done only after a request is made to the National Representative. The V.A. usually issues an I.D. Card, showing the length of certification, to each certified person.*

*The certified representative and deputies are the Marine Corps League and your detachment's liaison to the VA Hospital named above. The representative may not be a VA employee or the representative for another organization.*

*Please note that the telephone number or e-mail address is for the VA's use and our files only. The name of D.V.A.M. Ctr., and address is especially important if there are several in the area.*

*There is only one MCL representative at the hospital. In the case where several detachments volunteer at the same hospital, the detachments should select name one rep, and each detachment name separate deputies.*

*The representative and deputies you name should attend all quarterly VAVS meetings. In the absence of the representative, one of the deputies will represent the detachment at the meetings. Please try and select persons that can attend all the quarterly VAVS Meetings.*

*The V. A. Central Office monitors the attendance of all organizations at the quarterly meetings. The named individuals may be dropped as representative or deputies if they miss 3 consecutive scheduled meetings.*

*One of the required meetings is the Joint Review where the VA Hospital and the MCL make future plans. The representative appointed above will receive a copy of the annual VA 10-1240 Summary of the Annual Joint Review from the Dept of VA Affairs after the meeting. It is a recap of the current year's participation and the basis for the next years program and lists the program needs of the facility that the volunteer organizations can provide. Your Detachment can use it to plan for next year's activities and participation.*

*The National MCL VAVS representative should receive a copy of the review directly from the hospital. He responds to the detachments involved in each joint review received. If the detachment haven't had a response from him by a month after the review, check and make sure the hospital sent it to him at the address on form.*

***MCL VAVS RD** form is also available on the National web site [www.mcleague.org](http://www.mcleague.org) . Look under MCL Awards.*

*Please notify the MCL National VAVS Rep (address on form) when there is a change of address.*

**NOTE:** *MCL Aux have their own separate certification program.*