

## Eligible Non-Attorney Representative

You must complete this application carefully and provide all supporting documentation as required. You must provide all required information once you pass the examination in order to receive direct payment of fees. If you have any questions, please access the **Representing Social Security Claimants** Website at <http://www.ssa.gov/representation/>.

### Purpose of this Form

Section 3 of the Social Security Disability Applicants' Access to Professional Representation Act (PRA) Public Law no.111-142 provides for permanent extension of direct payment of SSA-approved fees to certain non-attorney representatives. Under the PRA, to be eligible for direct payment of fees, a non-attorney representative must fulfill the following statutory prerequisites: (1) possess a bachelor's degree or have equivalent qualifications derived from training and work experience; (2) pass an examination that tests knowledge of the relevant provisions of the Social Security Act; (3) secure professional liability insurance or equivalent insurance; (4) pass a background check; and (5) demonstrate completion of relevant continuing education courses. SSA must collect the requested information to determine if a non-attorney representative has met the prerequisites to be eligible for direct payment of fees for his or her claimant representation services. The information collection is needed to comply with the legislation. The respondents are non-attorney representatives who apply for direct payment of fees.

### Application Fee

PRA section 3(a) provides that the Commissioner may assess applicants a reasonable fee to cover the costs of administering the prerequisites process. The non-refundable fee is listed on the **Representing Social Security Claimants** Website at <http://www.ssa.gov/representation/>;

Applicants must include the non-refundable fee payment with their application package;

Acceptable forms of fee payment will be by check, money order, or a check drawn from a private firm's account;

Applicants will pay their fees to the entity listed on the **Representing Social Security Claimants** Website at <http://www.ssa.gov/representation/>; and

Applicants found ineligible to take the examination or who fail the examination may apply in any future application period, but must then again pay the full fee.

### Education and Equivalent Qualifications

A bachelor's degree from an accredited institution of higher education is a prerequisite to receive direct payment of fees. Applicants who do not have a bachelor's degree may satisfy this prerequisite based on a combination of holding a high school diploma or general education diploma (GED) plus four years of relevant professional experience that the Commissioner determines to be equivalent to a bachelor's degree.

Relevant professional experience is training or work through which the applicant demonstrates familiarity with medical reports and an ability to describe and assess mental and/or physical limitations. Such experience may be from the fields of: teaching, counseling or guidance, social work, personnel management, public employment service, and/or nursing or other health care professional services. Professional work involving claims for benefits under Title II or Title XVI of the Act is considered relevant professional experience.

An applicant must submit proof of a bachelor's degree or equivalent qualifications after he or she passes the

examination. Failure to do so precludes the applicant from establishing his or her eligibility to receive direct payment of fees. Proof of education is an official transcript showing the stamp or raised seal. Proof of relevant professional experience includes, but is not limited to an Internal Revenue Service (IRS) Form W-2(s), Wage and Tax Statement(s), and letters from employers.

Attorneys who have fees paid directly from their clients' past-due benefits pursuant to sections 206 and 1631(d)(2) of the Act are not required to take the examination. Attorneys who are suspended or disbarred by a State or Federal court or disqualified from appearing before a Federal agency or program are not eligible to receive direct payment and should not submit an application.

### **Types of Insurance**

Applicants are required to have professional liability insurance or equivalent insurance, which the Commissioner has determined to be adequate to protect claimants in the event of malpractice by the non-attorney representative. The insurance policy must be underwritten by a firm that is licensed to provide insurance in the State in which the non-attorney representative conducts business. The policy must also provide coverage for professional liability insurance claims made in those States in which the non-attorney representative represents claimants before SSA.

See the **Representing Social Security Claimants Website** at <http://www.ssa.gov/representation/> for professional and business liability insurance coverage amounts.

An applicant must submit proof of the required insurance after he or she passes the examination. Failure to do so precludes the applicant from establishing his or her eligibility to receive direct payment. An applicant who establishes eligibility to receive direct payment will be required to maintain insurance

coverage in order to continue to receive direct payment of fees from SSA.

### **Background Check**

A background check is required of each applicant to ensure his or her fitness to practice before SSA. SSA rejects any applicant who:

- has been suspended or disqualified from practice before SSA;
- has had a judgment or lien assessed against him/her by a civil court for malpractice and/or fraud;
- has had a felony conviction;
- has failed to provide the required documentation enabling SSA to perform the criminal background investigation;
- has substantially misrepresented the facts in submitting his or her application;
- fails to pass an SSA administrative records check (check of SSN, etc.).

### **Examination**

Applicants are required to pass an examination testing their knowledge of the relevant provisions of the Act and the most recent developments in Agency and court decisions affecting Titles II and XVI of the Act. The examination will consist of 40 to 50 multiple-choice questions. Examination details are as follows:

- The examination instrument is written in the English language only;
- The examination will be given only once, on a weekday, in conjunction with each application period;
- During the examination, test-takers will have open-book access to certain reference materials that we will supply (see below for details);

- The examination will be based upon situations that arise from the subject areas contained in the reference materials.
- Applicants will not be permitted to remove the examination instrument or reference materials from the examination center.

Open-book reference materials provided by SSA are listed below. Applicants will not be permitted to bring any other items (including reference materials) to the examination center.

- One copy of the 20 C.F.R., Chapter III (Parts 400- 499), and

Applicants who fail to achieve a passing score may re-apply during a subsequent application period; however, they will be required to pay the application fee again.

### **Continuing Education Courses (CE)**

Applicants who become eligible non-attorney representatives must complete courses to meet the continuing education requirement. The courses must enhance eligible non- attorney representatives' professional knowledge in matters such as those related to entitlement to benefits, ethics, listing of impairments, and other disability topics under Titles II and XVI of the Act. We will prescribe the course(s) and notify eligible non-attorney representatives of when to complete and how to certify that they have completed the course(s).

### **Instructions for Completing this Form**

- Please type or print legibly using only a BLUE or BLACK ink pen.
- Completely fill out all sections of this form. Use "None" or "N/A" where applicable.
- Include an area code with all telephone numbers.
- Include a zip code with all addresses.
- List your full middle name. If you do not have a middle name, please indicate this by showing "NMN" for a middle name.
- Line out and initial any changes you make to your application.
- If you require additional space, please use Section D. Please indicate the section and question number you are responding to before you record the additional information .

Please read the instructions on pages 1 through 3 of this application for eligibility requirement.

### SECTION A Background Information – Applicant’s Identifying Information

First Name:	Full Middle Name:	Last Name:	Suffix:
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Other Name(s) Used:

Reason(s) for other name(s) used:

SSN:	Date of Birth (mm/dd/yyyy):
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**Citizenship Status:**  U.S. Citizen  Naturalized Citizen  Alien Authorized to work in the U.S.

Other If other, please specify: \_\_\_\_\_

### SECTION A Background Information – Applicant’s Contact Information

Address:			Home Phone:
Address (Line 2):			Mobile Phone:
City:	State:	Zip Code:	Work Phone:
E-mail Address:			

### SECTION A Background Information – Additional Information

<p>1. Are you a licensed or practicing attorney?</p> <p style="text-align: center;"><b>OR</b></p> <p>Are you an attorney who has been disbarred or suspended from practicing in <b>any</b> state?</p> <p>If <b>yes</b> to either of these questions, <b>stop</b>. Do not submit this application. Licensed or practicing attorney are not required to take the examination in order to receive direct pay. Disbarred or suspended attorneys are not eligible to take the examination.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2a. Do you have a bachelor's degree from an accredited institution of higher education?</p> <p>(If <b>Yes</b>, go to question 3. If <b>No</b>, please answer question 2b.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2b. Do you have equivalent qualifications?</p> <p>(Only respond if you answered <b>No</b> to question 2a.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**SECTION A Background Information – Additional Information (continued)**

3. Have you been, by reason of misconduct, disqualified, sanctioned, or suspended from participating in any Federal program or appearing before the Social Security Administration or any other Federal Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If <b>Yes</b> , please provide the following information:	Name of Program or Agency:	
	Address of Program or Agency:	
	Details of Disqualification, Sanction or Suspension:	
	Date of disqualification, sanction or suspension:	Date of Reinstatement (if applicable):

4. Are you currently being investigated by reason of misconduct, by the Social Security Administration or any other Federal agency for possible disqualification, sanction, or suspension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If <b>Yes</b> , please provide the following information:	Name of Program or Agency:	
	Address of Program or Agency:	
	Details of Investigation:	
	Details of Investigation:	Status of Investigation:

5. Have you been determined to have fraudulently used or misused any Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Have you had a judgment or lien assessed against you by a civil court for malpractice and/or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Have you ever had a felony conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Have you been determined to have violated any Social Security program rules (e.g., rules regarding the disclosure of evidence or representative payee rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Have you applied for the Social Security Administration Non-Attorney Representative Examination before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If <b>Yes</b> , please provide the following information:	Date of Previous Application(s):	
	Disposition of Previous Application:	
	Any Changes to Report Since Previous Application:	

**SECTION B Education/Equivalent Qualifications - College/University Attended**

Please provide information on the accredited College or University from which you received your bachelor's degree or higher. Once you pass the examination, you must provide proof of your highest degree in the form of an official transcript showing the stamp or raised seal, or otherwise establishing that it is an official copy.

Name of College/University:	City:	State:
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Attended From (mm/yyyy):	Attended To (mm/yyyy):	Degree Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Indicate degree granted:  Doctorate Degree  Graduate Degree  Bachelor's Degree

**If you do not have a bachelor's degree or higher from an accredited College or University**, you must provide information regarding your High School Diploma or GED. Once you pass the examination, you must provide proof in the form of a copy of your high school transcripts, diploma, or GED certificate (or other equivalent documentation).

High School or GED Certificate:	Date Diploma or Certificate Awarded (mm/yyyy):
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City:	State:
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**SECTION B Education/Equivalent Qualifications - Relevant Professional Experience**

**If you have a bachelor's degree or higher, skip this section.** If you do **not** have a bachelor's degree or higher, provide information about relevant professional experience. You must provide four years of relevant training or work experience through which you have demonstrated familiarity with medical reports and an ability to describe and assess mental and/or physical limitations. Such experience may be from the fields of: teaching, counseling or guidance, social work, personnel management, public employment service, and/or nursing or other health care professional services. Any work experience involving claims for benefits under Title II or title XVI of the Act shall also be defined as relevant professional experience. In the Position Description field, you must add enough detail for SSA to determine if the cited experience constitutes relevant professional experience. Once you pass the examination, you must provide proof (e.g., IRS Form W-2, wage and tax Statement (s)) of your professional experience.

1. This experience is:  SSA Related Professional Experience  Other Professional Experience

Position/Title:

Position Description:

Name of Employer:

Address:

City:	State:	Zip Code:
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Name of Supervisor:	Employer Phone:
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2. This experience is:  SSA Related Professional Experience  Other Professional Experience

Position/Title:

Position Description:

**SECTION B Education/Equivalent Qualifications - Relevant Professional Experience (continued)**

Name of Employer:

Address:

City:

State:

Zip Code:

Name of Supervisor:

Employer Phone:

**If you require additional space, please use Section D****SECTION C****Examination Information**

The exam will be administered at designated locations across the country. The exam will be held on the same date at each location. SSA may cancel any site if enrollment does not meet minimum standards. In that event, applicants will be notified at least 20 days prior to the test date in order to make appropriate travel arrangements to an alternate test site. See the **Representing Social Security Claimants** Website at <http://www.ssa.gov/representation/> for a list of exam locations. Applicants will be asked to select a first and second choice for their examination location (for use if they pass a criminal background check and are eligible to sit for the exam). Applicants who timely submit their applications but fail to select a second choice will have their applications denied as incomplete. Applicants who timely submit their applications but repeat their first choice as their second choice will be contacted and given the opportunity to correct the defect by selecting a second choice examination site that is different from the first choice examination site. This information will be used by SSA in the event the first choice examination site is cancelled. **Please provide your top two (2) choices for your examination location.** Detailed information concerning the specific location of the examination site will be mailed to those applicants determined eligible to sit for the examination.

First Choice Location

City:

State:

Second Choice Location

City:

State:

Please describe any special accommodation you will need at the examination location. Please note that you must provide supporting documentation from a professional qualified to determine your condition along with your application to the address indicated on the **Representing Social Security Claimants** Website at <http://www.ssa.gov/representation/>.

Please initial indicating that you understand that you must provide written documentation to support your request for special accommodations along with your application.

Initials:





~~Privacy Act Statement  
Collection and Use of Personal Information~~

See Revised Privacy Act  
Statement Attached

~~Section 3 of the Social Security Disability Applicants' Access to Professional Representation Act of 2010, authorizes us to collect this information. We will use the information you provide to further document your application and permit a determination about your eligibility to receive direct payment of fees (from a claimant's past due benefits) for your representation services.~~

~~The information you furnish on this form is voluntary. However, failure to provide the requested information could result in a determination that you are ineligible to receive direct payment of fees.~~

~~We rarely use the information you supply for any purpose other than for determining eligibility to receive direct payment of fees. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:~~

- ~~1. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);~~
- ~~2. To employers of claimants' representatives, to assist in collecting debts owed by representatives who received an excess or erroneous representational fee payment and owe a delinquent debt, or as necessary for us to carry out the requirements for fee reporting to appointed representatives; and~~
- ~~3. To facilitate audit or investigative activities necessary to assure the integrity of Social Security programs.~~

~~We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.~~

~~A complete list of routine uses for this information is available in our Systems of Records Notice 60-0325 (Appointed Representative File). The Notice, additional information about this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.~~

Please initial indicating that you have read and understand the Privacy Act Statement.

Initials:

**Paperwork Reduction Act Statement**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management Budget control number. We estimate that it will take 30-45 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401 .

Please initial indicating that you have read and understand the Paperwork Reduction Act Statement.

Initials:

### Substantial Misrepresentation or Material Discrepancy Statement

**If I cannot substantiate my application or it is determined that the information I entered is incorrect, I understand that I may be determined ineligible to sit for the examination or to receive direct payment of fees.**

Please initial indicating that you have read and understand the Substantial Misrepresentation or Material Discrepancy statement.

Initials:

### Application Fee Statement

**The application fee is non-refundable. See the Representing Social Security Claimants Website for additional information.**

Please initial indicating that you have read and understand the statement regarding the applicable fee.

Initials:

### Statement of Understanding

**I understand that I must sign the application in ink and submit the application fee and complete application package to the address indicated on the **Representing Social Security Claimants Website** at <http://www.ssa.gov/representation/>. I also understand that I will be required to complete, sign, and submit a release form necessary for the criminal background check with this application. This application package must be postmarked or receipt-dated (if sent by private express service) by midnight E.D.T. of the last day of the application period. I further understand that the application fee is generally non-refundable. SSA will not process my application until the completed application package is received. If this requirement is not met as of midnight E.D.T. of the last day of the application period, SSA will process my application as a denial. See the **Representing Social Security Claimants Website** at <http://www.ssa.gov/representation/> for information about the application period.**

Please initial indicating that you have read and understand the Statement of Understanding statement:

Initials:

### Penalty of Perjury Statement

**I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.**

Signature (sign in ink)

Date:

**Social Security Administration**  
**PLEASE READ CAREFULLY**

**APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize SSA to conduct a criminal background check in which SSA may secure any criminal history information pertaining to me that may be in the files of any Federal, State, or Local criminal justice agency. I authorize any Federal, State, or Local criminal justice agency to release to SSA any criminal history information pertaining to me that may be in the agency's files. I authorize SSA, and any of its agents, to disclose orally and in writing the results of this criminal background check to the business entity that manages the information for managing direct payment eligibility for non-attorney representatives.

I understand that the results of the criminal background check may be used by SSA to determine my eligibility to sit for the examination and receive direct payment, and may not otherwise be used except as authorized by law. In the event that SSA uses information from the criminal background check in whole or in part in making an adverse decision with regard to my eligibility to sit for the examination or to receive direct payment, I understand that SSA will provide me a copy of the report on the criminal background check submitted by SSA and a description in writing of my right to protest the decision to SSA.

I understand that submission of this authorization is voluntary. I also understand that failure to provide the authorization and information required to conduct a criminal background check will cause SSA to deny my application.

I understand that copies of this authorization that show my signature are as valid as the original, and that this authorization is valid for 6 months from the date signed.

**CRIMINAL BACKGROUND CHECK INFORMATION**

Applicant Last Name:	First Name:
Middle Name:	Social Security Number:
Date of Birth:	Place of Birth:
Sex:	Race (Optional):

Please list all of the addresses you have lived at in the last 5 years

Current Address:	City/State/Zip Code:	From: (mm/dd/yyyy) - Present:
Previous Address:	City/State/Zip Code:	From: (mm/dd/yyyy) - To: (mm/dd/yyyy) -
Previous Address:	City/State/Zip Code:	From: (mm/dd/yyyy) - To: (mm/dd/yyyy) -
Previous Address:	City/State/Zip Code:	From: (mm/dd/yyyy) - To: (mm/dd/yyyy) -

<b>Applicant's Signature</b>	<b>Date:</b>	<b>Daytime Phone:</b>
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