

# VA CERTIFYING OFFICIAL PROCEDURES FOR OJT PROGRAMS

Forms and Procedures for OJT/Apprenticeship Programs

For Business, Industry and Government Employers

MISSOURI STATE APPROVING AGENCY

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## **GI BILL PROGRAMS**

### **Montgomery GI Bill – Chapter 30**

Individuals who entered active duty after July 1985, and participated in the pay reduction program (pay reduced \$100 a month for 12 months) and served honorably for two years or more are eligible. Veterans or service persons cannot withdraw money paid into the fund.

### **Veterans Affairs Vocational Rehabilitation Program – Chapter 31**

This program is available to certain veterans who have a service-connected disability of 10 percent or greater. It provides a monthly stipend and also covers the cost of tuition, books and supplies. Eligibility is determined on a case-by-case basis.

### **Veterans Education Assistance Program (VEAP) – Chapter 32**

Individuals who entered active duty service between January 1, 1977, and June 30, 1985, who served a continuous period of 181 days or more and contributed financially toward the education program are eligible. Monthly benefits are determined by adding the amount of personal contributions and DOD contributions made during the years of active service.

### **GI Bill for Dependent – Chapter 35**

A child or spouse of a service-connected deceased or 100 percent disabled Veteran may be eligible for VA educational benefits. Benefits may be used until the dependent has reached the age of 27 or 8 years from the date that eligibility is determined, whichever is later.

### **Montgomery GI Bill for Reservists – Chapter 1606**

An individual who enlisted, re-enlisted, or extended an enlistment in the Selected Reserve or National Guard for a period of 6 years after July 1, 1985, and has completed the initial active duty training is eligible for VA benefits. This program does not require a contribution by the service person.

### **Montgomery GI Bill for Reservists – Chapter 1607**

An individual who was activated after September 11, 2001, and has served at least 90 consecutive days or more in the Selected Reserve or National Guard. This program does not require a contribution by the service person.

### **Post 9/11 GI Bill – Chapter 33**

Payment for apprenticeship and other on-the-job training program became available effective October 1, 2011. Benefits based on number of qualifying months of active duty after September 10, 2001. Benefits are based on housing allowance and book and supply stipend.

## **GUIDELINES APPRENTICESHIP/ON-THE-JOB TRAINING**

### INTRODUCTION

Your facility has been approved to offer the program(s) to veterans and other eligible persons. The requirements that you met in order to receive approval must be maintained. The following information is being provided to assist you in managing the VA training program.

NOTE: Throughout these guidelines the word “trainee” refers to the person(s) receiving benefits.

### PAYMENTS

The trainee must work at least 120 hours per month in order to receive the full monthly payment. We suggest that vacations be scheduled in such a manner as to avoid falling below the 120-hour minimum. This does not mean that the trainee can stop working once he or she has achieved 120 hours in a given month. The trainee must still progress at a rate to achieve enough hours to complete the program by the scheduled ending date based upon fulltime employment.

Benefits are paid after the VA Monthly Certification of Hours Worked form has been received and processed by the appropriate VA office. Both the trainee and an authorized certifying official of the facility must sign this form. If related training is required and is given “in plant” during the workday, the hours may not be reported as work hours.

### RELATED TRAINING

All apprenticeship programs and some on-the-job training programs require related training. This may be given “in plant” at the company or at any vocational school. When given at a school, the school will generally send you periodic progress reports. If a trainee stops attending scheduled related training, the VA must be notified, as the trainee will no longer be entitled to benefits. Related training can be on-line.

### PROGRESS RECORD

The Progress Record On-The-Job Training form, VE-7, provided by the Missouri State Approving Agency (SAA) must be maintained on a monthly basis. This form must be completed in its entirety. Do not overlook the entries required in the sections titled “Hours Worked During Month” and “Instructor’s Initials.” The hours shown as worked on this form must match the hours reported on the VA Monthly Certification of Hours Worked form.

Progress Records must be maintained at your company during the training and for a period of three years following the completion or termination of each trainee's program.

NOTE: If the SAA has approved your own records in lieu of the SAA Progress Record On-The-Job Training form, the guidelines above (including form retention) must still be followed.

### WAGE SCHEDULE

The wage schedule shown on the Application for Approval or Veteran Training Agreement must be followed. If a general wage increase is authorized by the facility, the new wage schedule must be reported to the SAA on the Amendment to Approval form, VE-2. The agency will issue a letter amending the approval for the new wage schedule.

If the trainee's work is unsatisfactory or the attendance rate is unsatisfactory so that he or she does not earn the scheduled wage increase, it is permissible to delay the increase. This action must be fully documented and available for review by authorized officials of the VA or the SAA.

### UNSATISFACTORY PROGRESS OR CONDUCT

If a trainee is discharged by the facility for unsatisfactory progress, attendance or conduct, this fact must be reported to the VA within 30 days.

### TERMINATION OR EARLY COMPLETION

Any time the trainee is terminated from the training program or completes the program earlier than anticipated, it must be reported to the VA within 30 days. Early completion includes reaching the journeyman wage schedule at an earlier than anticipated date.

### COMPLIANCE SURVEYS

The VA or the SAA is required by law to conduct compliance surveys. The purpose of these surveys is to make sure that all the rules and regulations are being adhered to and to help the facility wherever necessary. Authorized VA officials will have appropriate identification and have the right to view all pertinent facility records.

### TELEPHONE NUMBERS

The Missouri State Approving Agency may be reached at Jefferson City, 573-751-3487; Kansas City, 816-241-1705; or St. Louis, 314-729-2444.

Veterans and other eligible persons may contact the VA at 1-888-442-4551.

## **CHAPTERS OF VA ENTITLEMENT**

The following briefly describes the programs of education benefits for which this application is to be used. If you know which education benefit program you are applying for, you need to read only the information pertaining to that program

### **Selected Reserve Educational Assistance Program – Chapter 1606**

1. If you are an enlisted person, you may be eligible if you are enlisted, re-enlisted, or extended an enlistment in the Selected Reserve for a period of at least 6 years after June 30, 1985.
2. If you are an officer, you may be eligible if you were appointed as or are serving as a reserve officer and agree to serve in the Selected Reserve for at least 6 years after June 30, 1985. This 6-year commitment is in addition to any other obligated period of service in the Selected Reserve that you may have.
3. You must have completed 180 days of service in the Selected Reserve (either before or after July 1, 1985).
4. You must be satisfactorily participating in the Selected Reserve
5. You must have a high school diploma or equivalency certificate. However, you must not have completed a bachelors' degree or equivalent program.

### **VEAP (Post-Vietnam Era Veterans' Educational Assistance Program) Chapter 32**

1. You may be eligible if you entered active military service at any time during the period January 1, 1977 through June 30, 1985.
2. You must have served on active duty for at least 181 days. If you were discharged for a service-connected disability with less than 181 days of service, you may still be eligible.
3. If you enlisted for the first time after September 7, 1980, or if you entered (including re-enlisted) on active duty after October 16, 1981, you must have completed either 24 continuous months of active duty or the full period for which you were called or ordered to active duty, whichever is less.
4. If you are on active duty, you must have completed your first obligated period of active duty or 6 years, whichever is less.
5. You must have contributed to VEAP while on active duty.
6. You may be eligible under Noncontributory VEAP, section 903, if you were selected by your branch of service to participate in this program. If you were selected, the Department of Defense made the contributions for you. You must have enlisted or re-enlisted for active duty service after November 30, 1980 and before October 1, 1981. (If you contracted under a delayed entry program during

this period, you must have entered active duty before October 1, 1982.) For more information on this program, contact the nearest VA regional office, or, if you are on active duty, contact your Education Services Officer.

### **Active Duty Educational Assistance Program – Chapter 30**

1. You may be eligible if you first entered on active duty after June 30, 1985. You must have served at least:
  - ◆ 2 years of honorable continuous active duty if your initial obligated period of service was less than 3 years or if you are not on active duty; **or**
  - ◆ 3 years of honorable continuous active duty if your initial obligated period of service was 3 years or more; **or**
  - ◆ 2 years of honorable continuous active duty followed by 4 years of continuous active duty in the Selected Reserve with satisfactory participation in training.
2. Alternatively, you may be eligible for Chapter 30 benefits if:
  - ◆ You entered active duty before January 1, 1977 (or contracted under a delayed entry program before January 1, 1977 and entered active duty before January 2, 1978); **and**
  - ◆ You serviced continuously on active duty from October 19, 1984, until
    - ◆ at least June 30, 1988; or
    - ◆ at least June 30, 1987, provided that you then served continuously for at least 4 years in the Selected Reserve with satisfactory participation in training.
3. If you were discharged or released for a service-connected disability, hardship, or convenience of the government, you may still be eligible even if you did not service the minimum length of time described above, whichever is applicable.
4. If you entered on active duty for the first time on or after July 1, 1985, your military pay must have been reduced by \$100 each month for the first 12 months of your active duty service.

### **NEW GI Bill – Post 9/11 Chapter 33**

1. You may be eligible if you have qualifying active duty service after September 10, 2001. Benefits range from 100% eligibility to 40% eligibility based on number of months of active duty. The 100% rate requires 36 months of active duty or minimum 30 days with qualifying disability.

## **Educational Assistance Program for Reservists and National Guard Members – Chapter 1607 – REAP**

1. You served on active duty on or after September 11, 2001 under title 10 U.S. Code for a contingency operation and who served at least 90 consecutive days or more.
2. National Guard members are also eligible if their active duty is under section 502(f), title 32 U.S.C. and they serve for 90 consecutive days when authorized by the President or Secretary of Defense for a national emergency and is supported by federal funds.
3. Individuals are eligible as soon as they reach the 90 day point whether or not they are currently on active duty.
4. Disabled members who are injured or have an illness or disease incurred or aggravated in the line of duty and are released from active duty before completing 90 consecutive days are also eligible.

### **VONAPP**

The VONAPP (Veterans On-Line Applications) website is an official U.S. Department of Veterans Affairs (VA) website, which enables veterans to apply for benefits using the Internet. U.S. military veterans and some service members within 6 months of separation or retirement can apply for compensation, pension, and vocational rehabilitation benefits.

U.S. military veterans, service members with 2 years of service, and members of the Selected Reserve can apply for education benefits.

VONAPP also has a link to VA form 10-10EZ, Application for Health Benefits.

#### **How is using this site different from visiting a VA office?**

When you use this site to complete and send an application to VA, your application will be sent directly to the VA office with jurisdiction over your application. Processing will begin and you will receive an automated e-mail response from the VA office letting you know that is received your application.

It can be important for you to submit your claim as soon as you can if it is near the end of a month, whether by regular mail or using VONAPP, to ensure we receive it before the first of the next month. In some cases, your entitlement is based on the date we receive your claim in VA and you might lose a months benefits if we find you eligible but you wait until the end of the month to send it to us.

In VONAPP, your electronic submission using the Internet is time and date stamped in VA when you successfully submit. That time and date is the Eastern Time at Philadelphia, Pennsylvania, where it is electronically received by VA, regardless of your geographic location around the world.

## **Forms available in VONAPP**

VA Form 21-526, Veterans Application for Compensation and/or Pension

VA Form 28-1990, Disabled Veterans Application for Vocational Rehabilitation

VA Form 22-5490, Application for Survivors' and Dependents Educational Assistance

VA Form 22-5495, Application for Change of Program or Place of Training, Survivors' and Dependents Educational Assistance

VA Form 22-1995, Application for Change of Program or Place of Training

VA Form 22-1990, Application for VA Education Benefits

## **Site Secure?**

VONAPP requires that you have installed on your computer one of these Internet browsers:

Microsoft Internet Explorer (IE) version 6.0 or higher (IE 8 has not been tested for compatibility with VONAPP)

Netscape Navigator version 4.7 (other versions will not work)

Mozilla Firefox version 2.0 through 3.0.7

Safari version 3 (newer versions have not tested for compatibility with VONAPP)

Microsoft Internet Explorer link:

<http://www.microsoft.com/windows/downloads.ie>

Firefox link:

<http://www.mozilla.com/en-US/firefox/>

Safari link:

<http://www.apple.com/downloads/>

If you want to look at the whole form in VONAPP, page by page, you can, but don't make entries as you go. Some pages have edits that will force you to give information you are not ready to enter if you begin making entries. Note that some pages will require entries even while you are paging through. You can use the Table of Contents on the left side of each page to maneuver through the form.

### **Print a Blank Form**

The easiest way to look at and print an official blank form is to visit the Veterans Benefits Administration website using this link:

[www.vba.va.gov/pubs/forms1.htm](http://www.vba.va.gov/pubs/forms1.htm)

### **VONAPP Printing**

For your records, you should print out all forms you complete and submit electronically to us through VONAPP. You can also print empty or partially completed forms. If your printer is slow, it could take some time to print out a fully completed form.

Before you try to print a completed form, or if you don't have printer, write down critical information found on the "Confirmation Page" which you will see after you submit and certify your form. This information will have your name, date submitted, your unique **confirmation number**, and the VA office that will receive your application.

You can also save your printed form to your computer's hard drive. After you submit the form electronically and you select the "print completed form" button, you will see the form.

### **ON-THE-JOB TRAINING CERTIFYING OFFICIAL PROCEDURES**

Veterans: If you've never drawn benefits before, complete the APPLICATION FOR EDUCATION BENEFITS (VA22-1990). On-line completion is recommended; it reduces award processing time by 70%. Go to [www.gibill.va.gov](http://www.gibill.va.gov) to apply on-line or to acquire a printed form. NOTE: Benefits may be backdated up to only *one year upon VA's receipt of your application*.

If you've drawn benefits before, complete a REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING (VA22-1995). Paper form is sufficient for this one; submit with the certification per below. See below.

## INITIAL CERTIFICATION

**CERTIFYING OFFICIAL (CO):** If new program, wait until you receive the letter of approval from the director of Veterans Education and Training, after which certify the veteran as follows:

1. Complete ENROLLMENT CERTIFICATION FORM (VA22-1999), Side B; keep a copy for file.
2. Complete a VETERAN TRAINING AGREEMENT (VE-1A) and distribute as directed.
3. Send the VA22-1999, VA22-1990 (NA if previously submitted) OR VA22-1995, Training Agreement, and Training Outline to: Dept. of Veteran Affairs, PO Box 66830, St. Louis, MO 63166-6830.

## MONTHLY PROCEDURES

1. Veteran records hours worked per month on a CERTIFICATION OF HOURS WORKED form each month, **or** equivalent pay periods, e.g., if paid twice per month use two pay periods. If paid weekly, use four or five periods, of which the bulk fall within a month. Acquire the form here:

<http://www.vba.va.gov/pubs/formsN BA-22-6553d-1-ARE. Pdf>

Veteran and CO sign it, and then send report to VA per above address. Keep a copy of form along with documentation of hours and wages.

**NOTE:** Paid leave hours do not count. 120 hrs per mo. is required for full benefit; fewer hours equal reduced benefit; contact VA at number below for reduced benefit amounts.

2. CO records hours and progress on Progress Report Form (VE-7). Keep in file.

NOTE: CO should inform VA of changes in employment status on a Change of Status form (VA22- 1999b) or letterhead within 30 days. State name, SSN, and effective date of change.

## HELPFUL GUIDELINES AND NUMBERS FOR CERTIFYING OFFICIAL

- For any above forms or changes in approval or if veteran reaches final wage prior to end date or if you have any questions, contact the nearest MO Veterans' Education and Training Section office: St. Louis 314-729-2444; Jefferson City 1-877-530-2765; Kansas City 816-241-1705.
- **Payment problems/education questions** - VA Phone Unit, 1-888-442-4551, or e-mail to: [stlrpo@vba.va.gov](mailto:stlrpo@vba.va.gov). It usually takes a couple months for first payment. It's recommended to wait at least two months before calling, as it slows processing time for the claim. For VA general information and other veterans' benefits, call 1-800-827-1000.

## APPRENTICESHIP TRAINING CERTIFYING OFFICIAL PROCEDURES

**Veterans:** If you've never drawn benefits before, complete the APPLICATION FOR EDUCATION BENEFITS (VA22-1990). On-line completion is recommended for prompt processing. Apply at [www.gibill.va.gov](http://www.gibill.va.gov). Paper form is available there, too. Benefits may be backdated *up to one year*.

If you've drawn benefits before, complete a paper form, REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING (VA22-1995); it's attached to the enrollment certification per below.

### **INITIAL CERTIFICATION**

**CERTIFYING OFFICIAL (CO):** Certify the veteran as follows:

1. CO completes ENROLLMENT CERTIFICATION (VA22-1999), Side B; keep a copy for file.
2. Veteran and CO sign off on completed VETERAN TRAINING AGREEMENT (VE-11).
3. Send the VA22-1999, VA22-1990 (NA if previously submitted) **OR** VA22-1995, and Training Agreement to: Dept. of Veteran Affairs, PO Box 66830, St. Louis, MO 63166-6830 **and to:** Veterans Education & Training Section, PO Box 480, Jefferson City, MO 65102. Keep copies of all records sent.

### **MONTHLY PROCEDURES**

1. Veteran records hours worked per month on a CERTIFICATION OF HOURS WORKED form each month, **or** equivalent pay periods, e.g., if paid twice per month use two pay periods. If paid weekly, use four or five periods, of which the bulk fall within a month. Acquire the form at:

<http://www.vba.va.gov/pubs/forms/VBA-22-6553d-1-ARE.pdf>

2. Veteran and CO sign it, and then send report to: Dept. of Veteran Affairs, PO Box 66830, St. Louis, MO 63166-6830. Keep copy of form and documentation of hours and wages in file; keep current within 30 days.

**NOTE:** Paid leave hours do not count. 120 hrs per mo. is required for full benefit; fewer hours reduce benefit in direct proportion thereof, e.g., 60 hours = half of full benefit.

NOTE: CO should inform VA of changes in employment status, i.e., termination, on a Change of Status form (VA22-1999b) or letterhead within 30 days. If letterhead is used, state name, SSN, and effective date of change.

### **HELPFUL GUIDELINES AND NUMBERS**

***If there is a change in certifying officials, submit an updated DESIGNATION OF CERTIFYING OFFICIALS form (VA22-8794) to the nearest office. Contact the nearest office for this form and all others. The offices are:***

**St. Louis:** 314-729-2444 **Jefferson City:** 877-530-2765 **Kansas City:** 816-241-1705

**NEW REGULATION:** Wages or program changes are deemed approved; therefore, submit Notification of Modification form directly to Dept. of Veteran Affairs at the address above. Request form from nearest Veterans Education and Training office.

**For Payment questions,** call VA Phone Unit at 1-888-442-4551; **or** e-mail to: [stlrpo@vba.va.gov](mailto:stlrpo@vba.va.gov). It usually takes a couple months for first payment, so wait at least two months before calling; calling early delays processing. Hardship cases may be expedited; contact nearest office for assistance. For **all other veterans' benefits**, call 1-800-827-1000.

### **ENROLLMENT PROCEDURES FOR ON-THE-JOB TRAINING PROGRAM/ VA BENEFITS**

Employees eligible for VA benefits are advised to contact their personnel office.

To determine if a trainee is eligible for VA benefits, the claimant may call 1-888-442-4551 to inquire about entitlement for the on-the-job training. Veterans, as well as the son, daughter or spouse of a disabled or deceased veteran, may be eligible for benefits in this training program, provided the disability or death is related to the period of active duty.

#### **The following forms must be completed for certification:**

22-1990\* or 22-1995\* (Completed by the trainee)  
(22-5490 or 22-5495 for dependents)  
22-1999  
VE-1A

#### **Additional forms necessary:**

Original DD 214 or Certified Copy (Call VA 1-800-827-1000 for information on how to attain certified copy) Or Notice of Basic Eligibility (NOBE) form  
Marriage License \*\*  
Birth Certificates of Children\*\*  
Divorce Decree if divorced or remarried\*\*

\*\*Required only for Chapter 34/30 conversion entitlement.

\*You must determine through questioning the VA eligible trainee whether he/she has drawn VA benefits before. If the trainee has drawn benefits previously, provide the 22-1995 for completion. This form is titled "Request for Change of Program or Place of Training". If the trainee has not used VA benefits before, have them complete the 22-1990 form. This is an original application for VA benefits.

### **FORM 22-1999 – Enrollment Certification (Side B)**

Complete the following box numbers:

**5** Check box for Apprentice/On-The-Job Training

6 Name of Program – (*Example enter: Corrections Officer I*)

7 Credit for Previous Training

10a Training Dates – Beginning and Ending

10b Check Box: *Apprenticeship or Other On-The-Job*

10c Number of Hours employed per week in training program

10d Number of Hours in Standard Work Week

12a Your Signature and Title

12b Name of your work place and address

12c Telephone number of Certifying Official

12d Date Signed

#### **FORM VE-2**

- A VE-2 form must be completed when wage schedule changes apply to the OJT training program.
- Use VE-2 form for business/employer change of ownership or change of location as well as wage schedule change.

#### **MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING**

Each month the veteran/employee should receive Form 22-6553d-1 (Attached). He/she will fill in number of actual hours worked for that period. You will need to certify the accuracy, sign and date and forward to the Veteran Affairs address listed on the form. This form must not be certified before the first of the month following the month certified. If veteran does not receive form, use attached form.

NOTE: The law requires the veteran/employee to work a minimum of 120 hours per month to qualify for full benefits.

#### **ADDITIONAL REGULATIONS/INFORMATION TO BE REMEMBERED**

- All files must be kept for three (3) years.

- If a veteran/employee transfers, a copy of his original 22-1999 must be retained in your files.
- A written statement concerning an employee's prior credit must be kept with his VA file.
- The MSAA OJT Flyer shows the monthly rates received by the veteran/employee during the period he/she is training in the program.
- VA benefits are generally scheduled to increase each October 1, based on the federal cost-of-living allowance or other consideration by Congress.
- Corrections Officer I's, Police Officer, Firefighter, Office Managers, and Machine Operators are examples of approved on-the-job training programs. Other training objectives may be approved by the MSAA. Call 573-751-1250 to inquire about approval of other training programs upon hiring a VA eligible trainee.
- Trainees may not draw OJT benefits and educational benefits at a school or college concurrently.
- Changes in the approved wage schedule must be reported to the MSAA per VE-2 form.
- Changes affecting the training outline must be reported to the MSAA.

### **CHANGE OF STATUS**

If a veteran terminates or takes a leave of absence, it will be necessary to inform the VA in writing to report his change of status. Any change of status must be reported within 30 days of the date of the change to be in compliance with VA regulations and to avoid overpayment to the claimant. Failure to comply with this regulation could lead to institutional liability. A transfer to another state institution is considered a change in status. VA prefers use of the VA22-1999b status change form. Reports of change of status may be made on letterhead paper showing a termination from the former facility

**NOTE:** Sometimes VA eligible trainees pursue benefits well after the completion of training. In cases where VA benefits are pursued retroactively, VA will honor claims up to one year from the date they receive an application or other verifiable claim, such as a training agreement bearing the veteran's signature. Retroactive payment of benefits will include only those months of training during the past 12 months. Time prior to that must be accounted for as prior credit.

### **FORM VE-1A (Used for OJT programs)**

This form is completed and signed by the certifying official and the claimant. Name of Training Establishment is the business, company or agency name. Address, city, telephone number, and name of veteran are self-explanatory. The claim number is generally the social security number of the veteran. Approved wage schedule will be

the same as that as on the VE-1 (Application for Approval) with the same wage increase at specified time frames (e.g. beginning wage \$8.00 per hour, wage increase at 6 months to \$8.50 per hour, wage increase to \$10.00 per hour at 12 months). Job Objective Title is name of approved OJT program. Length of Training Period is number of months of training program (e.g. 6 months, 18 months, 24 months etc), which cannot exceed 24 months. The Effective Date is the date the claimant began training. Credit given for experience prior to effective date is when the trainee has prior experience or training. Report the total prior credit in terms of months. Subtract prior credit given from length of training program and record in Training Period Remaining After Effective Date block. See Attachment.

### **FORM VE-11 (Used for Apprenticeship programs)**

This form is completed and signed by the certifying official and the claimant. Name of Training Establishment is the business, company or agency name. Address, city, telephone number, and name of veteran are self-explanatory. The claim number is generally the social security number of the veteran. Trade or Craft is the name of the apprenticeship program. Length of Training Period is number of months of the apprenticeship program (e.g. 36 months, 60 months etc), which cannot exceed 60 months. The Effective Date is the date the claimant began the apprenticeship program. Credit given for experience prior to effective date is when the trainee has prior experience or training. Report the total prior credit in terms of months. Subtract prior credit given from length of apprenticeship program and record in Training Period Remaining After Effective Date block. See Attachment.

### **Forwarding Documentation to the VA**

Send the items listed below to: **Department of Veterans Affairs  
PO Box 66830  
St. Louis, MO 63166-6869**

- 1) VA22-1990 or VA22-1995
- 2) VE-1A or VE-11
- 3) Training Outline
- 4) Original DD214 or Certified Copy
- 5) \*Certified Copies of Marriage License, Birth Certificate(s), Divorce Decree(s)

\*For Chapter 34/30 conversion Entitlement Only

### **Forwarding Documentation to the Missouri State Approving Agency (Veterans' Education and Training Section)**

Send the original Form VE-1A or VE-11 and a copy of the training outline to:  
Director of Veterans Education  
PO Box 480  
Jefferson City, MO 65102-0480

Retain copies of all documentation in employee's OJT/Apprenticeship VA file. This file must be made available for the trainee's review upon request. The files must also be available for review by the Missouri State Approving Agency (MSAA) and Veterans' Affairs (VA) personnel.

**FORM VE-7 - Maintenance of Records**

Progress records must be maintained. Form VE-7 (attached) must be completed on a monthly basis utilizing the ledger S=Satisfactory; U=Unsatisfactory; O=No Training. This form is to be retained in the trainee's file and does not need to be submitted to the VA. Be sure to record hours worked and have training officials initial the form. See Attached VE-7 Sample.

## **GLOSSARY AND ABBREVIATIONS**

### **Accrediting Agency**

A nationally recognized agency or association which the U.S. Secretary of Education determines to be a reliable authority as to the quality of training offered by an educational institution. The Secretary publishes a list of these agencies and associations which the state approving agencies utilize for establishing that a program of instruction may be approved under the provisions of 38 USC 3675 as an accredited program.

### **Accelerated Payment**

An accelerated payment is a 60% lump sum payment of tuition and fees for high cost, high technology programs. The payment is in lieu of regular Chapter 30 benefits and is payable only if tuition and fees exceed 200% of what would normally be payable under Chapter 30 for a given enrollment period.

### **Active Duty**

Active duty is full-time duty in the Armed Forces. This also includes full-time duty performed by commissioned officers of the Public Health Service and National Oceanic and Atmospheric Administration (not including active duty for training).

### **Active Duty for Training (ACDUTRA)**

Active duty for training in the Reserves or National Guard. This includes reservists on full-time duty for training purposes in the Armed Forces; members of the National Guard or Air National Guard of any state, performing full-time training duty under title 32, U.S. Code, sections 316, 502, 503, 504, or 505.

### **Advance Payment**

The monetary allowance which may be payable to students for the first (fractional or full) and second full month of enrollment. Advance payment must be requested by students and is mailed to schools before the beginning of classes for release to students who have completed registration.

### **Already Qualified**

A student is considered "already qualified" if he or she has previously completed a program at the same level and in the same field of study for which application is now being made. This will not preclude the pursuit of a program leading to a degree at the same level with a different major or in an entirely different field. It also does not preclude the pursuit of subjects that may be necessary to qualify for admission into a program leading to a higher degree or to qualify for a vocational or professional objective. A person will be considered already qualified if he or she was previously employed in a job for which the course now being requested is designed to qualify the individual who completes it. For example, if the applicant is employed in sales, he or she is already qualified and not eligible for enrollment in a general sales course. VA benefits are not payable for pursuit of any program for which the student is already qualified. This includes courses required for relicensing or a continuation of licensing in a professional field.

### **Assignment of Benefits**

Any arrangement by a school that denies the student the opportunity to control the proceeds of a check is prohibited. Section 5301(a) of title 38, U.S. Code, provides that payments of benefits due under the laws administered by VA shall not be assigned except as specifically authorized by law. There are no laws that authorize assignment of VA educational checks, either directly or indirectly.

**Audited Course**

The term means any credit course that a student attends as a listener only with a prior understanding between school officials and the student that such attendance will not result in credit being granted toward graduation. VA education benefits are not payable for pursuit of such courses (See Audit).

**Award Letter**

The official written notice from the Department of Veterans Affairs to a student of his or her monthly rate of payment, the inclusive dates of payment, and remaining entitlement at the end of the award period. **An award letter is sent to a VA student whenever VA awards or changes the student's education benefit.** The award letter is a good source of information for financial aid purposes.

**BDN**

The Benefits Delivery Network (BDN) is composed of various components. It is VA's main processing system for all benefit awards and related actions. BDN generates the payment information sent to the Treasury for producing the benefits checks. BDN contains the master record files for Veterans and beneficiaries.

**Break Pay**

Educational assistance benefits may be paid during the intervals between terms at a school or between terms when transferring from one school to another while remaining in the same program. Exceptions apply, as well as certain other restrictions in certain situations. Persons on active duty or training at less than half-time are not entitled to interval payments.

**Certificate of Eligibility (COE)**

Letter issued to an applicant showing approval to pursue a stated program of education at a particular institution, the remaining entitlement of the student, and the ending date of the student's eligibility.

**Certifying Official**

The person(s) designated to sign enrollment certifications and other documents relating to VA benefits. The designation is made on VA Form 22-8794, Designation of Certifying Official(s).

**Certification of Delivery (COD)**

A Certification of Delivery (VA Form 22-1999v) is mailed to the school in a separate envelope from the advance payment check. When the advance payment check is given to the student by the school, the COD, which contains preprinted enrollment information, must be completed by the certifying official and immediately returned. Failure to do so will result in the student's VA education benefits being suspended.

**Change of Program**

A change of program is a change in a student's program and curriculum. This includes any change that results in a loss of credit or lengthens the time necessary to complete the student's program. A change of program is generally charged when there is a loss of 12 credits. A change of program is not charged if a student completes one program and then begins a totally different program.

### **Change of School**

There is no limit or restriction on change of schools for continued pursuit of the same course or program provided the veteran or eligible person is making satisfactory progress and there is no material loss of credit.

### **Concurrent Enrollment**

A student pursuing a degree at a school may take a course at another school because it's at a more convenient time, it's less expensive, or whatever. The school that will grant the degree is the student's primary school. All other schools are secondary schools. If the primary school will accept the secondary school's course as a transfer credit that applies towards completion of the student's degree, then both the primary school and the secondary school can certify the student to VA. The student may pursue courses at a secondary school at the same time, concurrent, or at a different time, supplemental.

### **Confirmed Enrollment**

An enrollment certification that is dated, signed, and mailed by the school's certifying official on or after the first day of a certified enrollment period.

### **Course**

As used in this Handbook, "course" means a specific class or subject of instruction (for example, English 110).

### **DD Form 214**

The Certificate of Release or Discharge from Active Duty that is prepared at the time an individual completes a period of active duty in one of the Armed Forces. Former members of the Public Health Service (PHS) and of the National Oceanic and Atmospheric Administration (NOAA) do not receive a DD Form 214, but they do receive comparable documents that provide necessary information concerning their active duty service. Veterans should be advised to submit Member-4 copy of their DD Form 214 with a claim for VA benefits. A certified copy may also be submitted. A DD 214 can be requested from the National Archives eVetRecs website (<http://www.archives.gov/Veterans/military-service-records/>).

### **Delimiting Date**

The first day after a claimant's period of eligibility expires. Benefits are not payable on or after the delimiting date (See [Delimiting Date](#))

**Distance Learning** (see Independent Study)

### **Drop Period**

The brief period at the beginning of a term officially designated for dropping courses without **academic** penalty. The school's last day to drop a course will be the end of the drop period, providing it does not exceed 30 days from the first day of the term. See Drops and Withdrawals.

### **ECAP (Electronic Certification Automated Program)**

ECAP is a computer program that processes VA-ONCE submissions. ECAP can set up claim, propose education awards, and process education awards. ECAP will go as far as possible on this continuum. ECAP copies all documents into TIMS (VA's imaging system).

### **ELR (Education Liaison Representative)**

The individual at a VA Regional Office or Regional Processing Office responsible for education liaison and program approval functions. Among other things, the ELR is responsible for promptly informing schools of changes in policies and procedures.

### **Enrollment Period**

This term means an interval of time during which a veteran or eligible person is enrolled in an educational institution and is pursuing his or her program of education. This term applies to each unit course or subject in the veteran's or eligible person's program of education; that is, quarter, semester, or full school year.

### **Entitlement**

The number of months the student will be eligible for VA education benefits. This is usually expressed in the numbers of months and days the student will be eligible for full-time benefits, or the equivalent in part-time training, but also may be expressed in a dollar amount. Entitlement will vary depending on the education law the individual qualifies under. In no event will entitlement exceed 48 months under any combination of laws (See [Entitlement](#))

### **Facility Code**

The numerical code assigned by VA to an institution specifically identifying it or one of its subdivisions.

### **File Number**

A seven, eight or nine-digit number assigned by VA to identify a claimant's records. The Social Security Number (SSN) is the VA file number for most Veterans. If a veteran was assigned an old seven or eight digit file number, the veteran's SSN will cross reference the seven or eight digit file number. VA assigns a suffix *to the veteran's file number* ("10" or "W", spouse or surviving spouse, "41" or "A", first child to apply, "42" or "B", second child to apply, "43" or "C" third child . . .) to identify the records of an individual eligible for Chapter 35 benefits. A dependent's SSN **will not** cross-reference a veteran's record in BDN. To access a dependent's record in BDN, the **file number of the veteran** must be provided. The dependent's SSN is put in TIMS, but the TIMS record isn't created until the dependent applies for Chapter 35.

### **GED**

General Educational Development (GED) certificate issued by a state-level department of education. The credentials issued by state-level departments of education are official documents that are acceptable as the equivalent of high school graduation diplomas. In addition, Department of Defense certificates of GED equivalency are acceptable evidence of completion of high school educational requirements.

### **Independent Study**

A course or subject offered without any regularly scheduled, conventional classroom or laboratory sessions. For VA purposes, such courses or subjects must be accredited and lead to a standard college degree and consist of a prescribed program of study with provision for interaction either by mail, telephone, computer/Internet, or personally between the student and the regularly employed faculty of the university or college. A specific approval of these courses by the State Approving Agency is required in order for VA benefits to be authorized.

**Institution of Higher Learning (IHL)**

A college, university, technical or business school offering instruction at the postsecondary level that leads to an associate or higher degree. The institution must be empowered by the appropriate state education authority (under state law) or accredited by a recognized accrediting agency to grant such degrees. This designation also includes hospitals offering medical-dental internships or residencies without regard to whether the hospital grants a postsecondary degree.

**Interval Payment (See Break Pay)****Kicker**

Additional money added to an individual's education fund by the Department of Defense to encourage enlistment or retention in the Armed Forces. The kicker is added to the individual's normal education benefit. Kickers are used for Chapters 30 and 1606.

**Matriculated Student**

A student who satisfied formal admission requirements and is recognized by the college or university as a degree-seeking student. This does not mean that an undergraduate student must have formally been accepted into a specific major curricular field of study before he or she may be classified as "matriculated" (See [Nonmatriculated Students](#))

**Mitigating Circumstances**

Unanticipated and unavoidable events beyond a student's control which are responsible for the student's inability to complete a course or courses or which result in the student's receipt of a non-punitive grade for a course the student did complete. Generally, a student will be required to submit corroborative evidence to substantiate his or her reasons for being unable to complete a course with a creditable grade (See [Mitigating Circumstances and 6-Credit Hour Exclusion](#))

**NOBE**

Members of the Selected Reserve are given a Notice of Basic Eligibility (DD Form 2384, commonly referred to as a NOBE, pronounced *no-be*) by their National Guard or Reserve unit stating they are eligible for the Montgomery GI Bill—Selected Reserve. The primary source VA uses to establish Chapter 1606 eligibility is a Department of Defense (DoD) computer link, the Chapter 1606 DoD Data Record. The NOBE is an alternative or supplemental document for establishing eligibility that's primarily used to verify eligibility for 120 days after the date it's issued. If you receive a NOBE from the student filing an original application for Chapter 1606 send VA a copy of the NOBE when you certify the student.

**Non-College Degree (NCD)**

The designation "NCD" is used to refer to a course or program of education or any other institutional vocational/educational training which does not lead to a standard college degree.

**Non-punitive Grade**

A non-punitive grade is a grade that doesn't count as earned credit and isn't considered in progress standards for graduation. A withdrawal after the drop period is non-punitive if it isn't

calculated into the student's GPA or it isn't considered in academic progress criteria like probation and suspension. Non-punitive grades have the same effect as an audit. If a student withdraws after the drop period or completes the term with non-punitive grades, the non-punitive grades must be reported to VA if they change training time. Examples of non-punitive grades are an "X" (no basis for grade), "NP" (no pass), or "U" (unsatisfactory) that doesn't count as earned credit and isn't calculated progress standards.

Grades such as P (Pass) or S (Satisfactory) aren't calculated into a student's grade point average, **but** they are counted as earned credit for graduation requirements. Since these grades count as earned credit towards graduation, they aren't non-punitive.

### **Nonstandard Term**

A term that is shorter or longer than a standard quarter or semester. The number of instructor- student contact hours is increased proportionately each week to compensate for the difference in length. VA will compute equivalent undergraduate credits to measure courses pursued during nonstandard terms. Terms of shorter than standard length are referred to as **accelerated terms**.

### **Objective**

The final educational, professional, or vocational goal of a veteran, serviceperson, or eligible person (that is, degree, diploma, certificate, occupation). An educational objective is one that leads to the awarding of a diploma, degree, or postdoctoral certificate that reflects educational attainment. Graduate certificate programs generally do not lead to an educational objective. A professional or vocational objective is one that leads to an occupation. It may include educational courses essential to prepare for the chosen occupation.

### **Primary School (Parent School)**

The primary school is the school that will grant the degree a student is pursuing. Generally, the student will be enrolled at the primary school for the majority of the program of education.

### **Program of Education**

A combination of subjects, unit courses, or training activities pursued at a school or training establishment which is generally accepted as necessary to meet requirements for a predetermined educational, professional, or vocational objective (that is, diploma, degree, certificate, occupation). An "approved program" is a course of study or program of training that the appropriate State Approving Agency has determined meets the legal requirements for payment of VA educational assistance benefits to Veterans and other eligible persons

### **Punitive Grade**

A punitive grade is a grade that doesn't count as earned credit, but is used in determining a student's progress toward graduation requirements. The common punitive grade is "F". Punitive grades, unlike non-punitive grades, factor into the progress standards (for example, GPA or earned/attempted credit standard).

### **Pursuit**

The term "pursuit" means to work, while enrolled, toward the objective of a program of education. This work must be in accordance with approved institutional policy and regulations, and applicable criteria of title 38, United States Code; must be necessary to reach the program's objective; and must be accomplished through resident courses (including teacher training courses and similar courses which VA considers to be resident training), independent

study courses, a graduate program of research in absentia, or medical/dental internships and residencies, nursing courses and other medical/dental specialty courses. VA considers a person who qualifies for payment during an interval between terms or school closing, or who qualifies for payment during a holiday vacation to be in pursuit of a program of education during the interval, school closing, or holiday vacation.

### **Quarter**

A quarter is a division of the academic year at institutions that operate on a quarter system. Credits are earned and measured in quarter hours. A "standard quarter" is a period of instruction usually 10 to 13 weeks long.

### **Refresher Training**

Refresher training is a course at the elementary or secondary level to review or update material previously covered in a course that has been satisfactorily completed. Under some education programs, the term also means training in a program of education in which the veteran is already qualified, provided that the program pursued is training to permit the veteran to update knowledge and skills and to be instructed in the technological advances which have occurred in the veteran's field of employment during the veteran's period of service. It may be used to update skills learned either during or prior to service but not for skills first acquired after discharge from service. Veterans pursuing "refresher training" are not limited to "refresher courses" at the elementary or secondary level.

### **Remedial/Deficiency Courses**

These terms refer to noncredit training at the secondary level that is required for entrance to or preparatory to the successful pursuit of a postsecondary educational program. If secondary level training is needed for the student to reach a certain mastery level necessary for pursuit of a postsecondary program of education, the courses must be listed separately on the Enrollment Certification. Upon entrance each student's academic background should be evaluated and, as warranted, a required noncredit program established. These secondary level courses may include, for example, basic English skills, fundamental math, reading, or other special academic assistance necessary for the student to qualify for admission. These courses may also include noncredit secondary level training to overcome a handicap such as in speech and may be offered at a high school, college, or other educational institution. It is the institution's responsibility to determine if remedial/deficiency courses are necessary.

### **Reporting Fee**

VA pays an annual reporting fee to schools. This fee is intended to help defray the cost of processing VA certifications. The annual reporting fee is based on the number of VA students, including Chapter 31 (Vocational Rehabilitation), certified by the school during the calendar year. The fee is \$12 (\$15 if advance pay request was processed) for each student. The reporting fee is paid as soon as possible after the end of the calendar year.

### **REPS**

Restored Entitlement Program for Survivors. Certain survivors of deceased Veterans who died on active duty, or of service-connected causes incurred or aggravated prior to August 13, 1981, are eligible for benefits. The benefits are similar to the benefits for students and surviving spouses with children between ages 16 and 18 that were eliminated from the Social Security Act. The benefits are payable in addition to any other benefits to which the family may also be entitled. The amount of benefits is based on information from the Social Security Administration.

**Selected Reserve**

The term means, with respect to the Armed Forces, the Army Reserve, the Naval Reserve, the Marine Corps Reserve, the Air Force Reserve, the Coast Guard Reserve, the Army National Guard of the United States, and the Air National Guard of the United States. The Public Health Service and the National Oceanic and Atmospheric Administration do not have Selected Reserve units.

**Semester**

A semester is a division of the academic year at institutions that operate on a semester system. Credits are earned and measured in semester hours. A “standard semester” is a period of instruction usually 15 to 19 weeks long.

**Standard College Degree**

The term means an associate or higher degree awarded by an institution of higher learning that is accredited as a collegiate institution by a recognized regional or national accrediting agency or an institution of higher learning that is a “candidate” for accreditation, or an institution which is accredited by an agency recognized to accredit specialized degree-level programs.

**State Approving Agency (SAA)**

An agency appointed by the Chief Executive of a state to approve institutional programs of education and training for payment of benefits under the various laws administered by VA.

**Summer Session**

A summer session is a division of the summer term designated in a school catalog as a distinct period of instruction. These sessions vary in length, and are often only 3-8 weeks long.

**Summer Term**

The total instruction offered by a school between the end of the spring term and the beginning of the fall term. A summer term may consist of several summer sessions (See Summer Terms and Nonstandard Enrollment Periods).

**TIMS**

TIMS (The Image Management System) is the scanning system used by Muskogee. All education paper work is scanned into TIMS. Paper is scanned manually. Digital files like VA-ONCE Certs are copied directly into TIMS.

**Tuition and Fees**

The term “tuition and fees” means the total cost for tuition and fees for a course a school charges all students whose circumstances are similar to Veterans enrolled in the same course. “Tuition and fees” does **not** include the cost of supplies or books that the student is required to purchase at his or her own expense.

**VA-ONCE**

Internet based application used to submit enrollment certifications and notices of change in student status. Information about VA-ONCE is available at <http://www.gibill.va.gov/school-certifying-officials/VA-ONCE-faq/index.html>.

**WAVE (Web Automated Verification of Enrollment)**

WAVE is an Internet program used by Chapter 30, 1606, and 1607 students to verify their enrollment. Verification is required monthly. Students can also use WAVE to change their address and direct deposit information.

**WEAMS**

WEAMS (Web Enabled Approval Management System) is the central application VA uses to store school, organization, and program approval information. Education Liaison Representatives (ELRs) and VACO personnel enter the approval information. VA personnel use the approval information to verify schools and programs are approved.

## Sample Forms

1. VE-1A – Training Agreement (OJT)
2. VE-1 – Application for Approval of Other On-the-Job Training
3. VE-2 – Amendment To Approval
4. VE-7 – Progress Record
5. Training Outline Sample
6. VA 22-1999 – VA Certification
7. 22-8794 Designation of Certifying Official Form

Attached Blank Forms:

1. VE-1- Application for Approval of Other On-the-Job Training
2. VE-1A – Training Agreement (OJT)
3. VE-2 – Amendment to Approval
4. VE-7 – Progress Record
5. VE-10 – Application for Approval of Apprentice Courses
6. VE-11- Veteran Training Agreement (Apprenticeship)
7. VA 22-1990 – Application for VA Education Benefits
8. VA 22-1995 – Request for Change of Program or Place of Training
9. VA 22-1999 -VA Enrollment Certification
10. VA 22-1999b- Notice of Change in Student Status
11. VA 22-5490 – Dependents' Application for VA Education Benefits
12. VA 22-5495 – Dependents' Request for Change of Program or  
Place of Training
13. VA 22-6553d-1-Monthly Certification of On-the-Job Training/APPR
14. 22-8794- Designation of Certifying Officials
15. 22-8864 – Training Agreement for APPR and Other OJT Programs
16. 22-8865 – Employer's Application to Provide Job Training



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

**VETERAN TRAINING AGREEMENT**

VE-1A

INSTRUCTIONS ► COMPLETE THE ORIGINAL AND THREE COPIES OF THIS AGREEMENT.  
 DISTRIBUTE THEM AS FOLLOWS:

- ORIGINAL - Department of Veterans' Affairs Regional Office, P.O. Box 66830, St. Louis, Missouri 63166.  
 (attach to completed VA ENROLLMENT CERTIFICATION)
- COPY - Director of Veterans' Education and Training Section, P.O. Box 480, Jefferson City, Missouri 65102-0480.
- COPY - Trainee.
- COPY - Training Establishment file.

THIS AGREEMENT entered into between - \_\_\_\_\_  
 (NAME OF TRAINING ESTABLISHMENT)

\_\_\_\_\_ (ADDRESS) \_\_\_\_\_ (TELEPHONE NUMBER)

\_\_\_\_\_ (NAME OF VETERAN) C or SS- \_\_\_\_\_  
 (CLAIM OR SOCIAL SECURITY NUMBER)

**APPROVED WAGE SCHEDULE**

If your Current Wage Schedule is different from the Approved Wage Schedule, submit an Amended Wage Schedule (VE Form 2) to the Director of Veterans' Education and Training Section.

HOUR       WEEK       MONTH      NORMAL WORK-WEEK \_\_\_\_\_ HOURS

BEGINNING WAGE	\$	END OF _____ MONTHS	\$
END OF _____ MONTHS	\$	END OF _____ MONTHS	\$
END OF _____ MONTHS	\$	END OF _____ MONTHS	\$

WITNESS, that the TRAINING ESTABLISHMENT agrees to train and the VETERAN agrees to perform the work diligently and faithfully during the term of training, in accordance with the terms and conditions of the Training Program (including the training outline and wage schedule) as approved by the Missouri State Approving Agency.

JOB OBJECTIVE TITLE	LENGTH OF TRAINING PERIOD
---------------------	---------------------------

EFFECTIVE DATE OF THIS AGREEMENT (THIS DATE CANNOT BE PRIOR TO THE EFFECTIVE DATE OF THE APPROVAL OF THE TRAINING PROGRAM)

CREDIT GIVEN FOR EXPERIENCE PRIOR TO THE EFFECTIVE DATE OF THIS AGREEMENT

TRAINING PERIOD REMAINING AFTER THE EFFECTIVE DATE OF THIS AGREEMENT

SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT	TITLE
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SIGNATURE OF VETERAN	DATE
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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION & TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

OFFICE  
 VA  
 SUPERVISOR  
 FIRM

### APPLICATION FOR APPROVAL OF OTHER ON-THE-JOB TRAINING

#### INSTRUCTIONS:

- (1) Submit the original and three (3) copies of the completed application to the Director of Veterans' Education & Training Section, State Department of Elementary & Secondary Education, P.O. Box 480, Jefferson City, Missouri 65102-0480.
- (2) Submit four (4) copies of a training outline – a schedule listing various operations for major kinds of work or tasks to be learned and showing for each job operations or work, tasks to be performed, and the approximate length of time to be spent on each operation or task.

NAME OF TRAINING ESTABLISHMENT		TELEPHONE NUMBER		DATE
ADDRESS		CITY	ZIP CODE	COUNTY
TYPE OF BUSINESS		JOB OBJECTIVE-TITLE		
JOB DESCRIPTION				
LENGTH OF THE TRAINING PERIOD		NUMBER OF HOURS OF RELATED INSTRUCTION		

#### WAGE SCHEDULE

<input type="checkbox"/> HOUR		<input type="checkbox"/> WEEK		<input type="checkbox"/> MONTH		NORMAL WORK-WEEK _____ HOURS	
BEGINNING WAGE		\$	END OF _____ MONTHS		\$		
END OF _____ MONTHS		\$	END OF _____ MONTHS		\$		
END OF _____ MONTHS		\$	WAGE AT COMPLETION OF PROGRAM		\$		

#### CERTIFICATION

- (1) The wages to be paid the veteran upon entrance into training are not less than wages paid nonveterans in the same training position and are at least 50 percent of the wages paid for the job for which he is to be trained, and will be increased in regular periodic increments until, not later than the last full month of the scheduled training period, they will be at least 85 percent of the wages paid for the job for which the veteran is being trained.
- (2) There is reasonable certainty that the job for which the veteran is to be trained will be available to him at the end of the training period.
- (3) A signed copy of the training agreement (Form VE – 1A) for each veteran, as approved by the state approving agency, will be provided to the veteran and the Department of Veterans Affairs and the state approving agency. No training agreement will be made with any veteran who is already qualified by training and experience for the job.
- (4) This establishment will keep a record of employment, progress, and wages paid to the veteran.

TYPE NAME OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT		TITLE
SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT		

#### STATE APPROVING AGENCY RECOMMENDATION

- NOT RECOMMENDED
- I HAVE FOUND THIS PROGRAM TO BE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND STANDARDS, AND RECOMMEND APPROVAL.

EFFECTIVE DATE	DATE OF VISIT(S)	AREA SUPERVISOR
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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480  
**AMENDMENT TO APPROVAL**

**SUBMIT 4 COPIES TO**  
 VETERANS' EDUCATION & TRAINING SECTION  
 P.O. BOX 480  
 JEFFERSON CITY, MO 65102-0480

APPRENTICESHIP                       OTHER ON-THE-JOB TRAINING

NAME OF FIRM OR JOINT APPRENTICESHIP COMMITTEE	TELEPHONE NUMBER	DATE
--	------------------	------

ADDRESS	CITY	ZIP CODE	COUNTY
---------	------	----------	--------

TYPE OF BUSINESS	JOB OBJECTIVE TITLE
------------------	---------------------

**A. CHANGE OF WAGE SCHEDULE**

EFFECTIVE DATE OF WAGE CHANGE	<input type="checkbox"/> HOUR	<input type="checkbox"/> WEEK	LENGTH OF TRAINING PERIOD	NORMAL WORK-WEEK (HOURS)
	<input checked="" type="checkbox"/> MONTH			
BEGINNING WAGE			END OF	
END OF			END OF	
END OF			END OF	
END OF			END OF	
END OF			WAGE AT COMPLETION OF PROGRAM	

**B. CHANGE OF ADDRESS**

ADDRESS	CITY	TELEPHONE NUMBER	EFFECTIVE DATE
---------	------	------------------	----------------

**C. CHANGE OF OWNERSHIP**

NAME OF FIRM IF CHANGED	EFFECTIVE DATE
-------------------------	----------------

**CERTIFICATION**

(TYPE NAME OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT)	TITLE
--	-------

SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT

**STATE APPROVING AGENCY RECOMMENDATION**

NOT RECOMMENDED

I HAVE FOUND THIS AMENDMENT TO BE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND STANDARDS, AND RECOMMEND APPROVAL.

AREA SUPERVISOR SIGNATURE	DATE OF VISIT
---------------------------	---------------



VETERAN'S NAME <b>J. R. Runner</b>	JOB OBJECTIVE <b>Production Coordinator</b>
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**INSTRUCTION** ▶ Enter months of training and grade all areas EACH MONTH according to the following scale: **S - Satisfactory U- Unsatisfactory O - No - Training.**  
 This record is to be kept in the employer's file, available for inspection by representatives of the Veterans Affairs and the Veterans' Education and Training Section.

TRAINING OUTLINE  LIST THE MAJOR AREAS OR TASKS THAT ARE TO BE PERFORMED AS LISTED ON THE APPROVED TRAINING OUTLINE.	MONTHS																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
	9/14	10/14	11/14	12/14	1/15	2/15	3/15	4/15	5/15	6/15	7/15	8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	4/16	5/16	6/16	7/16	8/16	
A Raw Material Inventory	O	S	S	S																					
B Material Handling	S	O	S	S																					
C Material/Parts Ordering	S	S	S	S																					
D Quality Control	S	S	S	S																					
E Unit Coordinator	O	S	S	S																					
F Safety Procedures/First Aid	S	S	S	S																					
G Trouble Shooting	S	S	S	S																					
H Time Management Studies	S	S	S	S																					
I Hazardous Materials	S	S	S	S																					
J TAG-IN/TAG OUT	S	S	S	S																					
K Blue Print Reading	S	S	S	S																					
L																									
M																									
<b>HOURS WORKED DURING MONTH</b>	148	160	166	172																					
INSTRUCTOR'S INITIALS	GB	GB	GB	GB																					

**SAMPLE**

**TRAINING OUTLINE  
SHEET METAL WORKER**

**Hours**

- 750    **A. Performing Benchwork Operations**
1. Work materials with hand tools and portable power tools.
  2. Bend metal with box, pan, and power brake.
  3. Notch materials.
  4. Cut metal with power shear.
  5. Roll cylindrical metal shapes.
- 750    **B. Performing Precision Measurement and Calculations**
1. Measure parts with semi-precision measuring tools.
  2. Inspect parts with precision measuring tools.
  3. Inspect parts with comparison measuring tools.
  4. Inspect assemblies.
  5. Calculate square footage.
- 500    **C. Performing Housekeeping and Recordkeeping Activities**
1. Clean and maintain work area.
  2. Clean handtools, cutters, fixtures jigs, attachments.
  3. Follow tool crib procedures.
- 500    **D. Fastening and/or Joint Sheet Metal**
1. Rivet sheet metal with tinner's rivets and pop rivets.
  2. Fasten materials using sheet metal screws.
- 750    **E. Fabricating Sheet Metal**
1. Construct single/double hem and single/double lap seam.
  2. Construct air duct connections: standing seam; drive clip; S-cleat.
  3. Construct Pittsburgh lock seam; grooved seam.
  4. Fabricate rectangular duct: straight; radius throat; radius heel; square throat; square heel duct elbow; ogee offset; transition; shoe tap.
  5. Fabricate round duct: straight; elbow; offset; taper (transition).
  6. Fabricate single-wall and double-wall casing; housing.
  7. Fabricate companion angle.
  8. Fabricate flanged duct section.
- 750    **F. Installing Sheet Metal Systems**
1. Install rectangular and round duct systems.
  2. Install single- and double-wall casing and housing.
  3. Install flashing and coping.

---

**4000 Hrs.                    Total Length of Training Period - Two Years**

NOTE: Tear off the Instructions and Certifications sheet before completing the form.

OMB Control No. 2900-0073  
Respondent Burden: 10 minutes

<b>Department of Veterans Affairs</b>	<b>Side B</b>
<b>VA ENROLLMENT CERTIFICATION</b>	

**IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.**

1. NAME OF STUDENT <i>(First, Middle, Last)</i>	2. VA FILE NO. <i>(For chapter 35, include suffix. For transferability cases, enter the veteran's social security number)</i>
3. CURRENT ADDRESS OF STUDENT	4. SOCIAL SECURITY NUMBER OF STUDENT <i>(If not entered in Item 2)</i>
	5. NAME OF PROGRAM
6. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input checked="" type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB	7. CREDIT FOR PREVIOUS TRAINING <i>(Not Flight)</i>

**VOCATIONAL FLIGHT TRAINING (See Instructions)**

8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING				8B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS	
8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE				8D. TOTAL CHARGES
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	
				\$

**CORRESPONDENCE TRAINING**

**IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.**

9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," show lesson number and date serviced in Item 11, "Remarks")</i>
---------------------------------------	---	----------------------------------	---

**APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING**

**IMPORTANT: A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")**

10A. TRAINING DATES <i>(Month, Day, Year)</i>		10B. TYPE OF TRAINING  <input type="checkbox"/> APPRENTICESHIP  <input checked="" type="checkbox"/> OTHER-ON-THE-JOB	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM	10D. NUMBER OF HOURS IN STANDARD WORK WEEK
BEGINNING	ENDING		HRS.	HRS.
			HRS.	HRS.
			HRS.	HRS.

11. REMARKS

**CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.**

12A. FACILITY CODE	12B. SCHOOL NAME AND ADDRESS		
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	12D. SIGNATURE OF CERTIFYING OFFICIAL	12E. DATE SIGNED	



## DESIGNATION OF CERTIFYING OFFICIAL(S)

### GENERAL INSTRUCTIONS

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

### SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

**PURPOSE:** This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> </tr> </table>										

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (Include Area Code)

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) (Include Area Code)

--	--

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

--

### 5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)		(2)	
(3)		(4)	





MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION & TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

OFFICE  
 VA  
 SUPERVISOR  
 FIRM

### APPLICATION FOR APPROVAL OF OTHER ON-THE-JOB TRAINING

#### INSTRUCTIONS:

- (1) Submit the original and three (3) copies of the completed application to the Director of Veterans' Education & Training Section, State Department of Elementary & Secondary Education, P.O. Box 480, Jefferson City, Missouri 65102-0480.
- (2) Submit four (4) copies of a training outline – a schedule listing various operations for major kinds of work or tasks to be learned and showing for each job operations or work, tasks to be performed, and the approximate length of time to be spent on each operation or task.

NAME OF TRAINING ESTABLISHMENT		TELEPHONE NUMBER		DATE
ADDRESS		CITY	ZIP CODE	COUNTY
TYPE OF BUSINESS			JOB OBJECTIVE-TITLE	
JOB DESCRIPTION				
LENGTH OF THE TRAINING PERIOD			NUMBER OF HOURS OF RELATED INSTRUCTION	

#### WAGE SCHEDULE

<input type="checkbox"/> HOUR		<input type="checkbox"/> WEEK		<input type="checkbox"/> MONTH		NORMAL WORK-WEEK _____ HOURS	
BEGINNING WAGE		\$	END OF _____ MONTHS		\$		
END OF _____ MONTHS		\$	END OF _____ MONTHS		\$		
END OF _____ MONTHS		\$	WAGE AT COMPLETION OF PROGRAM		\$		

#### CERTIFICATION

- (1) The wages to be paid the veteran upon entrance into training are not less than wages paid nonveterans in the same training position and are at least 50 percent of the wages paid for the job for which he is to be trained, and will be increased in regular periodic increments until, not later than the last full month of the scheduled training period, they will be at least 85 percent of the wages paid for the job for which the veteran is being trained.
- (2) There is reasonable certainty that the job for which the veteran is to be trained will be available to him at the end of the training period.
- (3) A signed copy of the training agreement (Form VE – 1A) for each veteran, as approved by the state approving agency, will be provided to the veteran and the Department of Veterans Affairs and the state approving agency. No training agreement will be made with any veteran who is already qualified by training and experience for the job.
- (4) This establishment will keep a record of employment, progress, and wages paid to the veteran.

TYPE NAME OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT		TITLE
SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT		

#### STATE APPROVING AGENCY RECOMMENDATION

- NOT RECOMMENDED
- I HAVE FOUND THIS PROGRAM TO BE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND STANDARDS, AND RECOMMEND APPROVAL.

EFFECTIVE DATE	DATE OF VISIT(S)	AREA SUPERVISOR
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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480  
**VETERAN TRAINING AGREEMENT**

VE-1A

**INSTRUCTIONS** ► COMPLETE THE ORIGINAL AND THREE COPIES OF THIS AGREEMENT.  
 DISTRIBUTE THEM AS FOLLOWS:

- ORIGINAL - Department of Veterans' Affairs Regional Office, P.O. Box 66869, St. Louis, Missouri 63166.  
 (attach to completed VA ENROLLMENT CERTIFICATION)
- COPY - Director of Veterans' Education and Training Section, P.O. Box 480, Jefferson City, Missouri 65102-0480.
- COPY - Trainee.
- COPY - Training Establishment file.

THIS AGREEMENT entered into between - \_\_\_\_\_  
(NAME OF TRAINING ESTABLISHMENT)

\_\_\_\_\_  
(ADDRESS) \_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(NAME OF VETERAN) **C or SS-**  
(CLAIM OR SOCIAL SECURITY NUMBER)

**APPROVED WAGE SCHEDULE**

If your Current Wage Schedule is different from the Approved Wage Schedule, submit an Amended Wage Schedule (VE Form 2) to the Director of Veterans' Education and Training Section.

HOUR       WEEK       MONTH      NORMAL WORK-WEEK \_\_\_\_\_ HOURS

BEGINNING WAGE	\$	END OF _____ MONTHS	\$
END OF _____ MONTHS	\$	END OF _____ MONTHS	\$
END OF _____ MONTHS	\$	END OF _____ MONTHS	\$

WITNESS, that the TRAINING ESTABLISHMENT agrees to train and the VETERAN agrees to perform the work diligently and faithfully during the term of training, in accordance with the terms and conditions of the Training Program (including the training outline and wage schedule) as approved by the Missouri State Approving Agency.

JOB OBJECTIVE TITLE	LENGTH OF TRAINING PERIOD
---------------------	---------------------------

EFFECTIVE DATE OF THIS AGREEMENT (THIS DATE CANNOT BE PRIOR TO THE EFFECTIVE DATE OF THE APPROVAL OF THE TRAINING PROGRAM)

CREDIT GIVEN FOR EXPERIENCE PRIOR TO THE EFFECTIVE DATE OF THIS AGREEMENT

TRAINING PERIOD REMAINING AFTER THE EFFECTIVE DATE OF THIS AGREEMENT

SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT	TITLE
--	-------

SIGNATURE OF VETERAN	DATE
----------------------	------



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480  
**AMENDMENT TO APPROVAL**

VE-2

**SUBMIT 4 COPIES TO**  
 VETERANS' EDUCATION & TRAINING SECTION  
 P.O. BOX 480  
 JEFFERSON CITY, MO 65102-0480

APPRENTICESHIP                       OTHER ON-THE-JOB TRAINING

NAME OF FIRM OR JOINT APPRENTICESHIP COMMITTEE	TELEPHONE NUMBER	DATE
--	------------------	------

ADDRESS	CITY	ZIP CODE	COUNTY
---------	------	----------	--------

TYPE OF BUSINESS	JOB OBJECTIVE TITLE
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**A. CHANGE OF WAGE SCHEDULE**

EFFECTIVE DATE OF WAGE CHANGE	<input type="checkbox"/> HOUR <input type="checkbox"/> MONTH	<input type="checkbox"/> WEEK	LENGTH OF TRAINING PERIOD	NORMAL WORK-WEEK (HOURS)
BEGINNING WAGE			END OF	
END OF			END OF	
END OF			END OF	
END OF			END OF	
END OF			WAGE AT COMPLETION OF PROGRAM	

**B. CHANGE OF ADDRESS**

ADDRESS	CITY	TELEPHONE NUMBER	EFFECTIVE DATE
---------	------	------------------	----------------

**C. CHANGE OF OWNERSHIP**

NAME OF FIRM IF CHANGED	EFFECTIVE DATE
-------------------------	----------------

**CERTIFICATION**

(TYPE NAME OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT)	TITLE
--	-------

SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT

**STATE APPROVING AGENCY RECOMMENDATION**

NOT RECOMMENDED

I HAVE FOUND THIS AMENDMENT TO BE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND STANDARDS, AND RECOMMEND APPROVAL.

AREA SUPERVISOR SIGNATURE	DATE OF VISIT
---------------------------	---------------



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480  
 PROGRESS RECORD ON-THE-JOB TRAINING

VE-7

VETERAN'S NAME	JOB OBJECTIVE
----------------	---------------

**INSTRUCTION** ► Enter months of training and grade all areas EACH MONTH according to the following scale: **S - Satisfactory U- Unsatisfactory O - No - Training.**  
 This record is to be kept in the employer's file, available for inspection by representatives of the Veterans Affairs and the Veterans' Education and Training Section.

TRAINING OUTLINE  LIST THE MAJOR AREAS OR TASKS THAT ARE TO BE PERFORMED AS LISTED ON THE APPROVED TRAINING OUTLINE.	MONTHS																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A																								
B																								
C																								
D																								
E																								
F																								
G																								
H																								
I																								
J																								
K																								
L																								
M																								
<b>HOURS WORKED DURING MONTH</b>																								
INSTRUCTOR'S INITIALS																								



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS' EDUCATION & TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

<input type="checkbox"/> OFFICE
<input type="checkbox"/> VA
<input type="checkbox"/> SUPERVISOR
<input type="checkbox"/> FIRM

**APPLICATION FOR APPROVAL OF APPRENTICE COURSES**

**INSTRUCTIONS:**

- Submit four (4) copies of the completed application to:  
 Director of Veterans' Education & Training Section, P.O. Box 480, Jefferson City, Missouri 65102-0480.
- Submit four (4) copies of a schedule listing various operations for major kinds of work or tasks to be learned and showing for each job operations or work, tasks to be performed, and the approximate length of time to be spent on each operation or task.

NAME OF FIRM OR JOINT-APPRENTICESHIP COMMITTEE		TELEPHONE NUMBER		DATE
ADDRESS		CITY	ZIP CODE	COUNTY
REGISTRATION NUMBER			JOB OBJECTIVE-TITLE	
JOB DESCRIPTION				
LENGTH OF THE TRAINING PERIOD				
NUMBER OF HOURS OF RELATED INSTRUCTION				

**WAGE SCHEDULE**

HOUR       WEEK       MONTH      NORMAL WORK-WEEK \_\_\_\_\_ HOURS

BEGINNING WAGE			6TH PERIOD		
2ND PERIOD			7TH PERIOD		
3RD PERIOD			8TH PERIOD		
4TH PERIOD			9TH PERIOD		
5TH PERIOD			WAGE AT COMPLETION OF PROGRAM		

**CERTIFICATION**

- A signed copy of the training agreement for each veteran, as approved by the state approving agency, will be provided to the veteran and the Department of Veterans' Affairs and the state approving agency.
- The content and policies contained herein or attached hereto and made a part of this application are true and correct.
- Apprentices are selected on the basis of qualifications alone. There is no discrimination because of race, creed, color or national origin.

SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
----------------------------------	-------

**STATE APPROVING AGENCY RECOMMENDATION**

EFFECTIVE DATE	DATE CHECKED	AREA SUPERVISOR SIGNATURE
----------------	--------------	---------------------------

RECOMMENDED       NOT RECOMMENDED



**VETERAN TRAINING AGREEMENT**

**INSTRUCTIONS** ► COMPLETE THE ORIGINAL AND THREE COPIES OF THIS AGREEMENT.  
 DISTRIBUTE THEM AS FOLLOWS:

- ORIGINAL - Department of Veterans' Affairs Regional Office, P.O. Box 66830, St. Louis, Missouri 63166.  
 (attach to completed VA ENROLLMENT CERTIFICATION)
- COPY - Director of Veterans' Education and Training Section, P.O. Box 480, Jefferson City, Missouri 65102-0480.
- COPY - Apprentice.
- COPY - Training Establishment file.

THIS AGREEMENT entered into between - \_\_\_\_\_  
(NAME OF FIRM OR JOINT-APPRENTICESHIP COMMITTEE)

\_\_\_\_\_  
(ADDRESS) (CITY) (TELEPHONE NUMBER)

hereinafter referred to as the TRAINING ESTABLISHMENT and -

\_\_\_\_\_  
(NAME OF VETERAN) C or SS- \_\_\_\_\_  
(CLAIM OR SOCIAL SECURITY NUMBER)

hereinafter referred to as the APPRENTICE.

WITNESS, that the TRAINING ESTABLISHMENT agrees to train and the APPRENTICE agrees to perform the work of the trade or craft diligently and faithfully during the term of training, in accordance with the terms and conditions of the Apprentice Program (including the training outline and wage schedule) as approved by the Missouri State Approving Agency.

Trade or Craft (Job Objective Title) \_\_\_\_\_

Length of Training Period \_\_\_\_\_

Effective Date of this Agreement for this Apprentice \_\_\_\_\_  
(THIS DATE CANNOT BE PRIOR TO THE EFFECTIVE DATE OF APPROVAL OF THE APPRENTICE PROGRAM)

Credit Given for Experience Prior to the Effective Date of this Agreement \_\_\_\_\_

Training Period Remaining After the Effective Date of this Agreement \_\_\_\_\_

SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT	TITLE
SIGNATURE OF VETERAN	DATE

**APPLICATION FOR VA EDUCATION BENEFITS  
(VA FORM 22-1990)**

Use this form to apply for educational assistance under the following benefit programs:

- Post- 9/11 GI Bill chapter 33 of title 38, U.S. Code
- Montgomery GI Bill (MGIB) chapter 30 of title 38, U.S. Code
- Montgomery GI Bill - Selected Reserve (MGIB-SR) chapter 1606 of title 10, U.S. Code
- Reserve Educational Assistance Program (REAP) chapter 1607 of title 10, U.S. Code
- Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) chapter 32 of title 38, U.S. Code, or section 901 or section 903 of Public Law 96-342

**INFORMATION AND INSTRUCTIONS  
FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS**

Do not use this form to apply for Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Transfer of Entitlement, or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at [www.va.gov/vaforms](http://www.va.gov/vaforms) or can be obtained from the nearest VA regional office. They may also be available where you received this application.

**INTERNET VERSION AVAILABLE** - You may complete and submit this application on-line at [www.gibill.va.gov](http://www.gibill.va.gov). Click "Apply On Line" and select the "Education" option.

**VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE** - If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at the Federal Relay, 711.

NOTE: The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

**Part II**

(This section provides an overview of the general eligibility requirements for various education programs. Additional requirements not listed on this form may be necessary.)

**ITEM 7.** The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients.) Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

**ITEM 9A.** You may be eligible for benefits under the Post-9/11 GI Bill, also referred to as chapter 33, if you served at least 90 aggregate days on active duty (excluding entry level and skill training) after September 10, 2001. You may also qualify if you were discharged due to a service-connected disability after serving at least 30 continuous days on active duty after September 10, 2001.

**ITEM 9B.** You may be eligible for the Montgomery GI Bill, also referred to as MGIB or chapter 30, if you served on active duty and meet certain conditions. NOTE: You do not have to be on active duty to apply for benefits under this program. You must meet any one of the following conditions (there are additional requirements):

You first entered service on or after July 1, 1985, and you didn't decline this benefit at your initial entry into service

**OR**

You entered service (or agreed to delayed entry) before January 1, 1977, and you have educational assistance entitlement remaining under the Vietnam Era GI Bill (also known as "chapter 34")

**OR**

You were voluntarily separated under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) programs and had your military pay reduced by \$1,200

**OR**

You were involuntarily separated from active duty after February 2, 1991

**OR**

You were on active duty and a participant in the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) program on or before October 9, 1996, or you first entered the National Guard under title 32, U.S. Code, between July 1, 1985, and November 28, 1989, you elected chapter 30 benefits between October 9, 1996, and October 8, 1997, and you paid \$1,200

**OR**

You were on active duty and eligible for VEAP benefits on October 9, 1996, you elected chapter 30 benefits between November 1, 2000, and October 31, 2001, and you paid \$2,700.

**ITEM 9C.** You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also known as MGIB-SR or chapter 1606, if you are a member of the Selected Reserve and meet certain requirements, including a 6-year commitment. (The Departments of Defense and Homeland Security determine eligibility for this program.)

To expedite processing, attach a copy of your DD 2384, Selected Reserve Educational Assistance Program (GI BILL) Notice of Basic Eligibility. This form is also called a "NOBE." Your reserve unit should have issued this notice to you when you became eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program. If you are unable to locate your copy, request a duplicate from your reserve unit.

**ITEM 9D.** You may be eligible for benefits under the Reserve Educational Assistance Program (REAP), also known as chapter 1607, if you are a member of the Ready Reserve and were called or ordered to active service to support a contingency operation for at least 90 consecutive days on or after September 11, 2001. (The Department of Defense and Homeland Security determine eligibility for this program.)

Attach a copy of any notice of eligibility to this program that you have received from your service component. Also, attach a copy of your orders showing you were called up to active service. If you do not have a copy of your orders, request a duplicate from your unit.

**ITEM 9E.** You may be eligible for benefits under the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP), also known as Chapter 32, if your service began on or after January 1, 1977, and before July 1, 1985, and you contributed to a VEAP account. You may be eligible for benefits under the Post-Vietnam Era Non-Contributory Veterans' Educational Assistance Program, also known as "Non-Contributory VEAP" or Section 903", if your service began on or after November 30, 1980, and before October 1, 1981, and your branch of service paid contributions into your VEAP account.

**ITEM 9F.** If you are eligible for MGIB, MGIB-SR, OR REAP, you must elect to give up eligibility under the program for which you are eligible in order to receive benefits under the Post-9/11 GI Bill (chapter 33). If you are eligible for more than one of the programs listed (MGIB, MGIB-SR, and REAP), you are only required to give up one of the programs for which you are eligible in order to receive benefits under the Post-9/11 GI Bill. You may not receive more than a total of 48 months of benefits under two or more programs. If you elect chapter 33 in lieu of chapter 30, your months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of your election. If you wish to elect to receive benefits under the Post-9/11 GI Bill, check the box next to the program (only check one box) you are giving up.

NOTE: An election to give up benefits under an existing program and receive benefits under the Post-9/11 GI Bill is ***IRREVOCABLE***. You should carefully consider your decision before completing this section. If you need more information to make a choice, you should visit our website at [www.gibill.va.gov](http://www.gibill.va.gov) or call our toll-free customer service number at 1-888-GIBILL-1 (1-888-442-4551).

### **PART III**

**ITEM 10A.** Self explanatory, except for the following items:

"Vocational Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

"National Test Reimbursement." You can be reimbursed for the cost of approved tests for admission to, or credit at, institutions of higher learning.

"Licensing or Certification Test Reimbursement." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

"Tuition Assistance Top-Up" This benefit is payable only under MGIB and the Post-9/11 GI Bill programs. You can receive benefits to pay for the difference between what the military pays with Tuition Assistance (TA) and the total costs of these courses.

### **PART VIII**

*QUESTIONS ARE ONLY FOR APPLICANTS WHOSE SERVICE BEGAN BEFORE JANUARY 1, 1977, (or delayed entry before January 2, 1978).* If you are currently married or if you have children under age 18 (under age 23 if in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return VA Form 21-674 for each child. If your parent(s) are dependent on you for financial support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation. You can find VA forms 21-686c, 21-674, and 21-509 on-line at [www.va.gov/vaforms](http://www.va.gov/vaforms).

### **ADDITIONAL HELP**

If you need more help in completing this application, call VA TOLL FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get education assistance after normal business hours at our education Internet site [www.gibill.va.gov](http://www.gibill.va.gov).

### **HOW TO FILE YOUR CLAIM**

Be sure to do the following:

**(A) If you have selected a school or training establishment:**

Step 1: Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

**(B) If you haven't selected a school or training establishment:**

Step 1: Mail the completed application to the VA Regional Processing Office for the region of your home address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

<b>Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616</b>			
<b>SERVES THE FOLLOWING STATES</b>			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	PA	RI	VT
VA	Foreign Schools		

<b>Southern Region: VA Regional Office P. O. Box 10022 Decatur, GA 30031-7022</b>			
<b>SERVES THE FOLLOWING STATES</b>			
GA	NC	PR	US Virgin Islands
APO/FPO AA			

<b>Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830</b>			
<b>SERVES THE FOLLOWING STATES</b>			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

<b>Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888</b>			
<b>SERVES THE FOLLOWING STATES</b>			
AK	AL	AR	AZ
CA	FL	HI	ID
LA	MS	NM	NV
OK	OR	SC	TX
UT	WA	Philippines	Guam
APO/FPO AP			

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB (Office of Management and Budget) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



## APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: [www.gibill.va.gov](http://www.gibill.va.gov)

### PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT <input type="text"/> - <input type="text"/> - <input type="text"/>	2. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. APPLICANT'S DATE OF BIRTH Month    Day    Year <input type="text"/> - <input type="text"/> - <input type="text"/>
--	--	--

4. NAME (First, Middle Initial, Last)

5. APPLICANT'S ADDRESS

Number and Street

Apt./Unit Number

City, State, ZIP Code

6A. APPLICANT'S TELEPHONE NUMBERS (Include Area Code)

Primary:         Secondary:

6B. APPLICANT'S E-MAIL ADDRESS (If applicable)

7. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. Direct Deposit is not available for Chapter 32 recipients. See instructions for additional Direct Deposit information.)

Routing or Transit Number	Account Type	Account Number
<input type="text"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	<input type="text"/>

8. PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

A. NAME	B. ADDRESS	C. PHONE NUMBER

### PART II - EDUCATION BENEFIT BEING APPLIED FOR *See instructions for benefit eligibility criteria*

9A. Chapter 33 - Post-9/11 GI Bill (Complete 9F if you are eligible for chapter 30, chapter 1606, or chapter 1607)

9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)

9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)

9D. Chapter 1607 - Reserve Educational Assistance Program (REAP)

9E. Chapter 32 or Section 903 - Post-Vietnam Era Veterans' Educational Assistance Program (VEAP)

9F. By electing Chapter 33, I acknowledge that I understand the following:

- I may not receive more than a total of 48 months of benefits under two or more programs.
- If electing chapter 33 in lieu of chapter 30, my months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of my election.
- My election is **irrevocable** and may not be changed.

I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective \_\_\_\_\_ (date)

I understand that my election is irrevocable and may not be changed. (Check only one)

Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGIB)

Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MGIB-SR)

Chapter 1607 - Reserve Educational Assistance Program (REAP)

### PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

10A. TYPE OF EDUCATION OR TRAINING (See instructions for additional information)

<input type="checkbox"/> COLLEGE OR OTHER SCHOOL (Including on-line courses)	<input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB
<input type="checkbox"/> VOCATIONAL FLIGHT TRAINING	<input type="checkbox"/> CORRESPONDENCE
<input type="checkbox"/> NATIONAL TEST REIMBURSEMENT (SAT, CLEP, ETC.)	<input type="checkbox"/> TUITION ASSISTANCE TOP-UP (Chapter 30 & 33 only)
<input type="checkbox"/> LICENSING OR CERTIFICATION TEST REIMBURSEMENT (MCSE, CCNA, EMT, NCLEX, ETC.)	

**VA DATE STAMP**  
(Do Not Write In This Space)

10B. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL, IF KNOWN (Skip this item if you are only applying for National Test Reimbursement, Licensing and Certification Test Reimbursement, or Tuition Assistance Top-Up)

10C. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN (e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)

**PART IV - SERVICE INFORMATION**

NOTE: It will help VA process your claim if you send a copy of the following:

- DD Form 214 (Member 4) for all periods of active duty service (excluding active duty for training)
- DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1606
- Copies of orders if activated from the guard/reserves

11. ARE YOU NOW ON ACTIVE DUTY? (Do not check "Yes" if you are currently on drilling status in the the Selected Reserve, or if you are on active duty for training)

YES  NO

12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?

YES  NO (Please provide a copy of your DD Form 214 (Member 4) when issued)

13. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

A. DATE ENTERED	B. DATE SEPARATED	C. SERVICE COMPONENT (USN, USAF, USAR, ARNG, ETC.)	D. SERVICE STATUS (Active duty, drilling reservist, IRR, etc.)	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?
9/26/2000	9/24/2004	USMC (EXAMPLE)	ACTIVE DUTY	NO
1/18/2005	8/14/2007	USMCR	DRILLING	N/A
8/15/2007	Present	USMC	ACTIVE DUTY	YES

**PART V - EDUCATION AND EMPLOYMENT INFORMATION**

14A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes" provide date)

YES DATE: \_\_\_\_\_  NO

14B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part IX, Remarks)

YES  NO

14C. EDUCATION AFTER HIGH SCHOOL (Including apprenticeship, on-the-job training, and flight training)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER	DATES OF TRAINING		NUMBER AND TYPE OF HOURS (Semester, Quarter, or Clock)	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

□□□□ — □□ — □□□□□□

14D. EMPLOYMENT (Only complete if you held a license or journeyman rating to practice a profession)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBERS OF MONTHS WORKED	LICENSE OR RATING
BEFORE MILITARY SERVICE			
AFTER MILITARY SERVICE			

**PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE**

<p>15. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO \$600.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM (e.g., cash collection voucher, leave and earnings statement(s), receipt voucher, etc.)</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>16. DO YOU QUALIFY FOR A KICKER (sometimes called a "College Fund") BASED ON YOUR MILITARY SERVICE? (Kickers are additional amounts contributed by DOD to an education fund). If you qualify for a kicker, it will help VA process your claim if you submit a copy of the kicker contract. Reserve kicker contracts must include the amount and effective date.</p>	<p><b>ACTIVE DUTY KICKER</b>  <input type="checkbox"/> YES      <input type="checkbox"/> NO  <b>RESERVE KICKER</b>  <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.</p>	<p>Graduation Year</p>
<p>18. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (stipend).</p> <p>Scholarship Amounts:</p> <p>Year: _____ Amount: _____</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Date of Commission</p> <p>_____</p>
<p>19. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF TITLE 10, U.S. CODE?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>20. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES". SHOW THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS".</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>21. <b>FOR ACTIVE DUTY CLAIMANTS ONLY:</b> ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p>22. <b>FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY:</b> ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>

**PART VII - INFORMATION ON VA EDUCATION BENEFITS**

NOTE: The most current information on VA education benefits is available online at [www.gibill.va.gov](http://www.gibill.va.gov)

If you would like to receive a printed pamphlet check here.

**PART VIII - MARITAL AND DEPENDENCY STATUS**

NOTE : Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.

23. ARE YOU MARRIED?

YES  NO

24. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, **OR** OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL, **OR** OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?

YES  NO

25. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?

YES  NO

**PART IX - REMARKS**

*(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)*

**APPLICATION SUBMISSION REMINDERS**

Did you remember to .....

- Write your social security number on each page?
- Write your complete mailing address?
- Attach all supporting documents (*e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.*)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

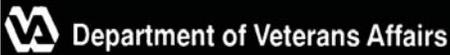
**PART X - CERTIFICATION AND SIGNATURE OF APPLICANT**

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

26A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

26B. DATE SIGNED



## REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

### PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT ( <i>First, Middle, Last</i> )		<b>VA DATE STAMP</b> DO NOT WRITE IN THIS SPACE				
1B. MAILING ADDRESS ( <i>Complete street address, City, State, and 9-digit ZIP Code</i> )						
1C. APPLICANT'S TELEPHONE NUMBER ( <i>Including Area Code</i> )	1D. VA FILE NUMBER					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">DAY</td> <td style="width: 50%; text-align: center; padding: 2px;">EVENING</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	DAY	EVENING			1F. SOCIAL SECURITY OF APPLICANT ( <i>For transferability cases, enter the veteran's social security number</i> )	
DAY	EVENING					
1E. APPLICANT'S E-MAIL ADDRESS						

### PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE ( <i>Only Select One</i> )		
A. <input type="checkbox"/> CHAPTER 33 ( <i>Post-9/11 GI BILL</i> )	C. <input type="checkbox"/> CHAPTER 32 ( <i>Veterans Educational Assistance Program including section 903</i> )	E. <input type="checkbox"/> CHAPTER 1607 ( <i>Reserve Educational Assistance Program</i> )
B. <input type="checkbox"/> CHAPTER 30 ( <i>Montgomery GI Bill - Active Duty</i> )	D. <input type="checkbox"/> CHAPTER 1606 ( <i>Montgomery GI Bill- Selected Reserve</i> )	F. <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM
3. HOW WILL YOU TAKE TRAINING?		
A. <input type="checkbox"/> SCHOOL ATTENDANCE	D. <input type="checkbox"/> COOPERATIVE TRAINING	G. <input type="checkbox"/> LICENSING & CERTIFICATION TEST
B. <input type="checkbox"/> CORRESPONDENCE	E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP ( <i>Active Duty Only</i> )	H. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	F. <input type="checkbox"/> FLIGHT TRAINING	
4A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?	4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?	
4C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF <b>NEW</b> SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND ( <i>If applicable</i> )	4D. NAME AND COMPLETE ADDRESS OF <b>OLD</b> OR CURRENT SCHOOL OR TRAINING ESTABLISHMENT	
4E. TELL US <b>WHEN</b> AND <b>WHY</b> YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.		

### PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT ( <i>Attach a voided personal check or provide the information in items A through D below. Direct Deposit is not available for Chapter 32 recipients. See instructions for additional Direct Deposit information.</i> )		
A. TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER

**PART IV - MISCELLANEOUS INFORMATION**

6. INFORMATION ON DEPENDENTS (**COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.**)

QUESTIONS	YES (✓)	NO (✓)
A. ARE YOU CURRENTLY MARRIED?		
B. DO YOU HAVE ANY CHILDREN WHO ARE :		
(1) UNDER AGE 18 OR		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?		
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for **each period** of active service. (*Don't report Active Duty for Training.*)

A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? ( <i>If yes send in copies of your orders</i> )		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). ( <i>ATTACH COPIES OF ANY ORDERS</i> )
		YES (✓)	NO (✓)		

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (*Answer only if you are a Federal Government employee*)

YES    NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (*Answer only if you are on Active Duty*)

YES    NO

10. REMARKS

**PART V - CERTIFICATION AND SIGNATURE OF APPLICANT**

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)

**SIGN HERE IN INK** ▶

11B. DATE SIGNED

## INSTRUCTIONS & INFORMATION

### When Should You Use This Form?

Use this form when:

- you're changing schools,
- you're changing your educational, professional, vocational goal,
- you left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program, or
- you were receiving VA education benefits as a veteran and now wish to receive benefits while on active military duty.

### INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

**Item #4A:** Here are some examples of what we mean by "goals":

- Educational goal: GED certificate, high school diploma, bachelor's degree, master's degree, Ph.D
- Professional goal: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian stenographer, machinist, electronic technician, X-ray technician, radio and
- Vocational goal: TV service technician, automobile mechanic, practical nurse.

**Item #5:** The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients.) Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

**Item #6:** Provide your dependents' information **only** if you have military service **before** January 1, 1977 (or delayed entry before January 2, 1978).

**Items #11A and 11B:** Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 11A and 11B.

### If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: [www.gibill.va.gov](http://www.gibill.va.gov). Click on Ask a Question and Find Answers. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program.

### TO FILE THIS FORM:

#### (A) If you have selected a school or training establishment,

**Step 1:** Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address: Determine the correct office from the list on the next page.

**Step 2:** Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

**Step 3:** Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

#### (B) If you have not selected a school or training establishment,

**Step 1:** Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list on the next page.

**Step 2:** Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616			
Serves the following states			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	PA	RI	VT
VA	Foreign Schools		

Central Region: VA Regional Office P.O. Box 66830 St. Louis, MO 63166-6830			
Serves the following states			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888			
Serves the following states			
AK	AL	AR	AZ
CA	FL	HI	ID
LA	MS	NM	NV
OK	OR	SC	TX
UT	WA	Philippines	Guam

Southern Region: VA Regional Office P.O. Box 100022 Decatur, GA 30031-7022			
Serves the following states			
GA	NC	PR	US Virgin Islands

**PRIVACY ACT NOTICE:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g. VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

**INSTRUCTIONS AND CERTIFICATIONS FOR  
VA ENROLLMENT CERTIFICATION (VA FORM 22-1999)**

**IMPORTANT:** Use **Side A** for Institutions of Higher Learning (IHL) or schools providing non-college degree (NCD) training. Use **Side B** for flight, correspondence, and apprenticeship or on-the-job training programs. Use the VA-ONCE (VA Online Certification) application to file this information electronically. Contact your Education Liaison Representative (ELR) for assistance.

Read the Certifications below before completing **EITHER** Items 19D and 19E on Side A **OR** Items 12D and 12E on Side B. **COMPLETE ONLY ONE SIDE OF THIS FORM.** If completing Side B, pull out the carbon and reverse before completing that side. Ensure that VA Copy 1 is on top.

**CERTIFICATIONS**

IT IS HEREBY CERTIFIED THAT:

- (1) This institution has exercised reasonable diligence in meeting all applicable requirements of Title 38, U.S. Code, and any failure by the institution to meet any requirements of the law will be reported promptly to VA;
- (2) The course or courses certified are approved by the State Approving agency and are generally acceptable to meet requirements for the student's educational, professional, or vocational objective;
- (3) No course certified is a repetition of any course previously satisfactorily completed except as permitted by VA regulations;
- (4) This institution holds no power of attorney agreement authorizing the institution to negotiate VA educational assistance allowance checks;
- (5) **FOR PRIVATELY OWNED SCHOOLS:** The student certified is not an owner or officer of the school nor is the student certified as an official authorized to sign enrollment certifications;
- (6) This institution agrees to report promptly to VA any enrollment change and any change due to unsatisfactory progress, conduct, or attendance. Promptly means within 30 days of the enrollment change. (Except for students receiving benefits under chapter 33, the institution need not report an enrollment change for a student who was in full-time attendance before the change and in full-time attendance after the enrollment change.);
- (7) Check "Yes," if the student is a Yellow Ribbon Program participant;
- (8) **FOR ENROLLMENTS UNDER CHAPTERS 30, 32, 33, 1606, and 1607:** All the 85-15 ratio requirements have been satisfied.

**INSTITUTIONS OF HIGHER LEARNING OR SCHOOLS PROVIDING NON-COLLEGE DEGREE TRAINING**

IT IS HEREBY CERTIFIED THAT:

- (9) **FOR ENROLLMENTS REQUESTING ADVANCE PAYMENT:** It is agreed that the initial check for this enrollment period will be mailed to the school for temporary care and delivery to the student upon registration but not more than 30 days before the commencement of training. It is understood that the completion of a certificate of delivery will normally be required upon delivery of the advance payment;
- (10) **IF CERTIFYING "GUEST STUDENT",** place the name of the primary institution in Item 17, "Remarks";
- (11) **FOR NONCREDIT DEFICIENCY, REMEDIAL, OR REFRESHER COURSES:** The courses certified in Item 9B are needed by the student in order to pursue a program of education at this institution.
- (12) **YELLOW RIBBON PROGRAM:** If applicable, enter the amount of Yellow Ribbon Program contributions your institution is making on behalf of the student for each term, quarter, or semester. If the Yellow Ribbon Program will be used to cover all or a portion of any out of State charges, enter the net total out of State charges assessed the student.

**FLIGHT TRAINING**

IT IS HEREBY CERTIFIED THAT:

- (13) The student has a Private Pilot's Certificate. I certify that a copy of the student's Class II Medical Certificate as of the beginning date of the course is on file at this institution. If the student is enrolled in an Airline Transport Pilot course, I certify that a copy of the student's valid Class I Medical Certificate as of the beginning date of the course is on file at this institution. For all initial enrollment certifications, I have placed the name and date of the medical certificate in Item 11, "Remarks" on Side B.

**APPRENTICESHIP AND OTHER OJT PROGRAMS**

IT IS HEREBY CERTIFIED THAT:

- (14) The employer will immediately notify VA once the trainee receives the journeyman wage. Exceptions to this rule include training on a Davis-Bacon job, or a job in a geographic location with a different wage scale.

**SPECIAL INSTRUCTIONS**

**ADVANCE PAYMENT INFORMATION** - Veterans and other claimants must complete Items 15A and 15B on Side A to request an advance payment of education benefits. Upon receipt of a timely request and enrollment information, VA will pay the veteran or claimant an advance payment of his or her education benefits. An advance payment is part of the first month and the second month's education benefits. VA will send the payment to the veteran's school for delivery to the veteran or other claimant upon entry into training.

**ACCELERATED PAYMENT INFORMATION** - Claimants must complete Items 16A and 16B on Side A to request an accelerated payment. Chapter 30, 1606, and 1607 beneficiaries (or beneficiaries receiving transfer-of-entitlement benefits under these chapters) qualify for an accelerated payment. An accelerated payment can only be paid under chapter 30 to claimants in a high technology program. (A list of programs is on the Internet at "www.gibill.va.gov".) An accelerated payment can only be paid under chapters 1606 or 1607 for claimants pursuing a program to qualify for accelerated payment, the cost of the program must exceed twice the amount of education benefits otherwise payable for that training.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) VA obtains further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. While you do not have to respond, VA cannot pay the student any further education benefits until we receive the information. We cannot pay the student any education benefits until we receive this information (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine the student's eligibility for education benefits and the proper amount payable. Title 38, United States Code, allows us to ask for this information. We cannot pay the student any education benefits until we receive this information which schools are required to submit (38 U.S.C. 3684). We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.



NOTE: Tear off the Instructions and Certifications sheet before completing the form.

OMB Control No. 2900-0073  
Respondent Burden: 10 minutes



Department of Veterans Affairs

Side

B

**VA ENROLLMENT CERTIFICATION**

**IMPORTANT: Side B is for flight, correspondence, and apprenticeship or on-the-job training programs.**

1. NAME OF STUDENT (First, Middle, Last)		2. VA FILE NO. (For chapter 35, include suffix. For transferability cases, enter the veteran's social security number)	
3. CURRENT ADDRESS OF STUDENT		4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2)	
		5. NAME OF PROGRAM	
6. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB		7. CREDIT FOR PREVIOUS TRAINING (Not Flight)	

**VOCATIONAL FLIGHT TRAINING (See Instructions)**

8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING				8B. DATE TRAINING BEGAN IN CURRENT COURSE
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS	
8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE				
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER
				8D. TOTAL CHARGES
				\$

**CORRESPONDENCE TRAINING**

**IMPORTANT: A VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before VA can authorize payment for this correspondence course.**

9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT	9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," show lesson number and date serviced in Item 11, "Remarks.")
---------------------------------------	---	----------------------------------	---

**APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING**

**IMPORTANT: A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")**

10A. TRAINING DATES (Month, Day, Year)		10B. TYPE OF TRAINING  <input type="checkbox"/> APPRENTICESHIP  <input type="checkbox"/> OTHER-ON-THE-JOB	10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM		10D. NUMBER OF HOURS IN STANDARD WORK WEEK	
BEGINNING	ENDING		HRS.	HRS.	HRS.	HRS.

11. REMARKS

**CERTIFICATIONS - The provisions described in paragraphs (1) through (14) on the attached sheet are certified.**

12A. FACILITY CODE	12B. SCHOOL NAME AND ADDRESS		
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	12D. SIGNATURE OF CERTIFYING OFFICIAL		12E. DATE SIGNED



Department of Veterans Affairs

**NOTICE OF CHANGE IN STUDENT STATUS**

1. NAME OF STUDENT <i>(First, Middle, Last)</i>	2. VA FILE NO. <i>(For chapter 35, include suffix. For transferability cases, enter the veteran's Social Security Number)</i>
3. CURRENT ADDRESS OF STUDENT	4. SOCIAL SECURITY NO. OF APPLICANT <i>(If not entered on Item 2 above)</i>

5. DATES OF TERM AFFECTED	
A. BEGIN DATE	B. END DATE

5. TERMINATION <i>(Complete Items A and B, and C if applicable)</i>			
A. LAST DATE OF ATTENDANCE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;">                 B. REASON FOR TERMINATION  <input type="checkbox"/> WITHDRAWAL BEFORE BEGINNING OF TERM  <input type="checkbox"/> WITHDRAWAL DURING DROP PERIOD  <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i>  <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED             </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> END OF TERM OR COURSE  <input type="checkbox"/> UNSATISFACTORY ATTENDANCE, CONDUCT, OR PROGRESS  <input type="checkbox"/> GRADUATION  <input type="checkbox"/> WITHDRAWAL OR INTERRUPTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i>  <input type="checkbox"/> OTHER <i>(Explain in Item 12, Remarks)</i> </td> </tr> </table>	B. REASON FOR TERMINATION <input type="checkbox"/> WITHDRAWAL BEFORE BEGINNING OF TERM <input type="checkbox"/> WITHDRAWAL DURING DROP PERIOD <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i> <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED	<input type="checkbox"/> END OF TERM OR COURSE <input type="checkbox"/> UNSATISFACTORY ATTENDANCE, CONDUCT, OR PROGRESS <input type="checkbox"/> GRADUATION <input type="checkbox"/> WITHDRAWAL OR INTERRUPTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i> <input type="checkbox"/> OTHER <i>(Explain in Item 12, Remarks)</i>
B. REASON FOR TERMINATION <input type="checkbox"/> WITHDRAWAL BEFORE BEGINNING OF TERM <input type="checkbox"/> WITHDRAWAL DURING DROP PERIOD <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i> <input type="checkbox"/> WITHDRAWAL AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED	<input type="checkbox"/> END OF TERM OR COURSE <input type="checkbox"/> UNSATISFACTORY ATTENDANCE, CONDUCT, OR PROGRESS <input type="checkbox"/> GRADUATION <input type="checkbox"/> WITHDRAWAL OR INTERRUPTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i> <input type="checkbox"/> OTHER <i>(Explain in Item 12, Remarks)</i>		
C. LAST DATE CREDIT ACCRUED <i>(For non-college degree courses only)</i>			

7. ADJUSTMENT OF CREDIT OR CLOCK HOURS <i>(Complete Items A, B, and C thru H as applicable)</i>			
A. DATE ADJUSTMENT IS EFFECTIVE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;">                 B. TYPE OF ADJUSTMENT  <input type="checkbox"/> INCREASE  <input type="checkbox"/> INCREASE ON FIRST DAY OF TERM  <input type="checkbox"/> REDUCTION ON FIRST DAY OF TERM  <input type="checkbox"/> REDUCTION DURING DROP PERIOD  <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i> </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED  <input type="checkbox"/> STUDENT COMPLETED TERM, BUT NONPUNITIVE GRADES ASSIGNED FOR ONE OR MORE COURSES <i>(If checked, complete Item 8)</i>  <input type="checkbox"/> REDUCTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i>  <input type="checkbox"/> OTHER <i>(Explain in Item 9, Remarks)</i> </td> </tr> </table>	B. TYPE OF ADJUSTMENT <input type="checkbox"/> INCREASE <input type="checkbox"/> INCREASE ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION DURING DROP PERIOD <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i>	<input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED <input type="checkbox"/> STUDENT COMPLETED TERM, BUT NONPUNITIVE GRADES ASSIGNED FOR ONE OR MORE COURSES <i>(If checked, complete Item 8)</i> <input type="checkbox"/> REDUCTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i> <input type="checkbox"/> OTHER <i>(Explain in Item 9, Remarks)</i>
B. TYPE OF ADJUSTMENT <input type="checkbox"/> INCREASE <input type="checkbox"/> INCREASE ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION ON FIRST DAY OF TERM <input type="checkbox"/> REDUCTION DURING DROP PERIOD <input type="checkbox"/> REDUCTION AFTER DROP PERIOD - NONPUNITIVE GRADES ASSIGNED <i>(If checked, complete Item 9 &amp; 11)</i>	<input type="checkbox"/> REDUCTION AFTER DROP PERIOD - PUNITIVE GRADES ASSIGNED <input type="checkbox"/> STUDENT COMPLETED TERM, BUT NONPUNITIVE GRADES ASSIGNED FOR ONE OR MORE COURSES <i>(If checked, complete Item 8)</i> <input type="checkbox"/> REDUCTION <i>(Noncollege Degree Programs not on term basis- see Instructions)</i> <input type="checkbox"/> OTHER <i>(Explain in Item 9, Remarks)</i>		
C. CREDIT HOURS BEFORE ADJUSTMENT	D. CREDIT HOURS AFTER ADJUSTMENT		
E. TRAINING TIME AFTER ADJUSTMENT <i>(For graduate and advanced professional)</i>			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> 3/4 TIME <input type="checkbox"/> 1/2 TIME <input type="checkbox"/> LESS THAN 1/2 TIME <input type="checkbox"/> 1/4 TIME OR LESS			
F. CLOCK HOURS OR HIGH SCHOOL UNITS BEFORE ADJUSTMENT	G. CLOCK HOURS OR HIGH SCHOOL UNITS AFTER ADJUSTMENT		
H. REVISED ENDING DATE			

8. CHARGES FOR PERIOD OF ENROLLMENT <i>(Complete this item for in-service students, student's whose training load after adjustment is less than 1/2 time and all chapter 33 students that have a change in status. List the charges for the adjusted load by school year, term, or other period. This item does not apply to students receiving chapter 32 or 1606 benefits).</i>	A. TUITION	B. FEES	C. YELLOW RIBBON <i>(Chapter 33 only)</i>
	\$	\$	\$
9. DO PREVIOUS CERTIFICATIONS FOR SUBSEQUENT TERMS REMAIN UNCHANGED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	10. CALLUP TO ACTIVE DUTY <i>(Complete if student called to active duty- see Instructions)</i>		
<input type="checkbox"/> STUDENT CALLED UP - No Credit Granted <input type="checkbox"/> STUDENT CALLED UP - Credit Granted			

MITIGATING CIRCUMSTANCES <i>(Complete only if indicated by Item 6 or 7)</i>	
11. DOES THE STUDENT CLAIM THAT TERMINATION OR ADJUSTMENT ACTIONS INVOLVED MITIGATING CIRCUMSTANCES?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <i>(If "Yes," attach student's statement together with the student's supporting evidence)</i>	
12. REMARKS	

IT IS HEREBY CERTIFIED THAT the student's status changed on the date indicated and in accordance with the facts shown above.

13A. DATE	13B. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	13C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT <i>(Include Facility Code)</i>
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19. NAME AND ADDRESS OF SCHOOL OR TRAINING FACILITY (Number and street or rural route, city or P.O., State and ZIP Code)

---

20. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE, IF KNOWN (e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer )

21. DATE YOU WILL BEGIN SCHOOL OR TRAINING

MONTH                  DAY                  YEAR

**PART IV - DEA APPLICANT AND ELECTION INFORMATION  
(Fry Scholarship Applicants, Skip to Part V)**

**SECTION I - APPLICANT INFORMATION**

22. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?

YES     NO

<p>23. ARE YOU A HANDICAPPED CHILD (14 YEARS OR OLDER), SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>24. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
--	---

25. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?

YES     NO    (If "Yes," please provide date of remarriage)

MONTH                  DAY                  YEAR

**SECTION II - ELECTION (CHILD APPLICANTS ONLY)**

**IMPORTANT:** You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' Educational Assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

26. I CERTIFY that I understand the effects of an election to receive DEA benefits and I elect to receive such benefits on the following date:

MONTH                  DAY                  YEAR

**PART V - APPLICATION HISTORY**

27. PRIOR TO THIS APPLICATION, HAVE YOU EVER APPLIED FOR OR RECEIVED ANY OF THE FOLLOWING VA BENEFITS? (Check all appropriate boxes)

A.  DISABILITY COMPENSATION OR PENSION

B.  DEPENDENTS' INDEMNITY COMPENSATION (DIC)

C.  VOCATIONAL REHABILITATION BENEFITS (Chapter 31)

D.  VETERANS EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE SPECIFY BENEFIT(S): \_\_\_\_\_

E.  VETERANS EDUCATION ASSISTANCE BASED ON SOMEONE ELSE'S SERVICE  
SPECIFY BENEFIT(S) BY CHECKING APPLICABLE BOX BELOW AND COMPLETE ITEMS 28 AND 29

CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT DAVID FRY SCHOLARSHIP

TRANSFERRED ENTITLEMENT

F.  NONE

G.  OTHER (Specify benefit(s)) \_\_\_\_\_

**IMPORTANT:** Complete Items 28 and 29 **only** if you checked block "E" in Item 27

28. NAME OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS (First, Middle, Last)

---

29. SOCIAL SECURITY NUMBER OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

---

**PART VI - APPLICANT'S MILITARY SERVICE INFORMATION**

*(Note: Chapter 35 benefits are not payable while an eligible person is on active duty)*

30. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "No," skip to Part VII)

YES     NO

31. INFORMATION ABOUT YOUR PERIOD(S) OF ACTIVE DUTY			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

**PART VII - EDUCATION, TRAINING, AND EMPLOYMENT**

**SECTION I - EDUCATION & TRAINING**

32. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 33					33. DATE	
<input type="checkbox"/> GRADUATED FROM HIGH SCHOOL		<input type="checkbox"/> DISCONTINUED HIGH SCHOOL				
<input type="checkbox"/> EXPECT TO GRADUATE FROM HIGH SCHOOL		<input type="checkbox"/> AWARDED GED				
<input type="checkbox"/> NEVER ATTENDED HIGH SCHOOL						
34A. TYPE OF SCHOOL	34B. NAME AND LOCATION OF SCHOOL <i>(City and State)</i>	34C. DATES OF TRAINING		34D. NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	34E. DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	34F. MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
HIGH SCHOOL						
COLLEGE						
VOCATIONAL OR TRADE						
OTHER <i>(Specify)</i>						
_____						
_____						
_____						

**SECTION II - EMPLOYMENT**

**35. CURRENT AND PAST EMPLOYMENT**

A. EMPLOYER	B. JOB TITLE	C. NUMBER OF MONTHS EMPLOYED	D. LICENSE OR RATING

**NOTE:** Complete Item 36 **only** if you are a civilian employee of the U.S. Government

36A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSES FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? <i>(If "Yes," complete Item 36B)</i>	36B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO	

**PART VIII - REMARKS, REMINDERS AND VA EDUCATION BENEFITS PAMPHLET**

**SECTION I - REMARKS**

37. REMARKS *(If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet)*

**SECTION II - REMINDERS**

**DID YOU REMEMBER TO:**

- WRITE YOUR SOCIAL SECURITY NUMBER ON EACH PAGE
- WRITE YOUR COMPLETE MAILING ADDRESS
- ATTACH SUPPORTING DOCUMENTS *(e.g., birth certificate, marriage license, DD214, etc.)*

**SECTION III - VA EDUCATION BENEFITS PAMPHLET**

38. THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT [www.gibill.va.gov](http://www.gibill.va.gov) IF YOU WOULD LIKE A COPY OF THE VA EDUCATION BENEFITS PAMPHLET PLEASE CHECK THE BOX.

**PART IX - CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief.

39A. SIGNATURE OF APPLICANT <i>(DO NOT PRINT)</i>	39B. DATE SIGNED
SIGN HERE IN INK	

**PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

(Please detach at perforation and retain this information for future reference)

**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE  
DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS  
(VA FORM 22-5490)**

Use this form to apply for educational assistance under the following benefit programs:

- Survivors' and Dependents' Educational Assistance Program (DEA) (chapter 35 of title 38, U.S. Code)
- Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) (chapter 33 of title 38, U.S. Code)

Do not use this form to apply for Veterans' education assistance based on your own service (chapters 30, 32, 33, 1606, or 1607) or vocational rehabilitation benefits (chapter 31). To apply for veterans' education assistance based on your own service, use VA Form 22-1990. To apply for vocational rehabilitation benefits, use VA Form 28-1900.

**INTERNET VERSION AVAILABLE** - You may complete and submit this application on-line at [www.gibill.va.gov](http://www.gibill.va.gov). Click on "GI Bill: Apply for Benefits."

**VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE** - VA offers a wide range of services to assist you in planning your educational and/or career goals. Services include educational and vocational guidance and testing to develop a greater understanding of your skills, talents, and interests. For more information on VA counseling, call VA toll-free at 1-888-GIBILL-1 (1-888-442-4551) or if you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

**NOTE:** The number on the instructions match the item numbers on this application. Items not mentioned are self-explanatory.

**ITEM 8.** The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

**ITEM 17.** You will not be eligible to receive benefits for any period for which you or the qualifying individual on whose account you are claiming benefits has an outstanding felony warrant. Any benefits paid to you for such period will result in an overpayment and be subject to collection.

**ITEM 18.**

**18A.** Select the benefit for which you are applying.

To qualify for Survivors' and Dependents' Educational Assistance (DEA) you must be either -

- (1) The spouse or child of a veteran who is permanently and totally disabled as a result of a service-connected disability.
- (2) The spouse or child of an individual on active duty who has been listed as missing in action, captured in line of duty by hostile force, forcibly detained or interned in line of duty by hostile force, or forcibly detained or interned in line of duty by foreign government or power for more than 90 days.
- (3) The surviving spouse or child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature.
- (4) The spouse or child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the serviceperson is likely to be discharged or released from such service for such disability.

Eligibility for DEA will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

**18B.** To qualify for the Fry Scholarship, you must be the child of an individual who after September 10, 2001, died in the line of duty while serving on active duty as a member of the Armed Forces.

**18A. & 18B.** Types of education or training programs are self-explanatory, except for the following -

"Licensing or Certification Test." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation.

"National Admission Exam or National Exam for Credit." Individuals eligible to receive benefits under the Survivors' and Dependents' Educational Assistance program may be reimbursed for the cost of approved tests for admission to or credit at institutions of higher learning.

## INFORMATION AND INSTRUCTIONS (Continued)

"Correspondence." Only spouses and surviving spouses eligible for the Survivors' and Dependents' Educational Assistance program may receive benefits for correspondence training. Payments for correspondence courses are made quarterly after VA receives a certification showing the number of lessons completed. For more information on correspondence courses, please visit our website at [www.gibill.va.gov](http://www.gibill.va.gov).

"Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

**ITEMS 23 and 24.** Any individual eligible under the Survivors' and Dependents' Educational Assistance program may receive Special Restorative Training or Specialized Vocational Training if a VA counselor determines that a specialized program is needed to overcome the effects of a physical or mental handicap. To be eligible for receipt of specialized training, the disability must prevent you from pursuing an educational program. Examples of Special Restorative Training include speech and voice correction, language retraining, lip reading, and Braille reading and writing. Specialized Vocational Training consists of specialized courses leading to a suitable vocational objective.

**ITEM 26.** Your election to receive Survivors' and Dependents' Educational Assistance (DEA) is final and cannot be changed. This means that payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) will be terminated upon issuance of a DEA benefit payment. If you are planning to pursue a program of education for more than 45 months, you should consider deferring receipt of DEA benefits. We strongly recommend that you discuss your education or training plans with a VA counselor before making a decision. If you decide to elect benefits under DEA, indicate the date from which you wish your DEA payments to begin.

## HOW TO FILE YOUR CLAIM

Be sure to do the following:

**(A) If you have selected a school or training establishment:**

**Step 1:** Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See the last page for addresses of the VA Regional Processing Offices.

**Step 2:** Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

**Step 3:** Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

**(B) If you have not selected a school or training establishment:**

**Step 1:** Mail the completed application to the VA Regional Processing Office for the region of your home address. Check next page for the post office box address for these offices.

**Step 2:** Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

## ADDITIONAL HELP COMPLETING APPLICATION

If you need additional help completing this application or you want information about our work-study program, call VA toll-free at 1-888-GIBILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get more information about education assistance from our education Internet site at [www.gibill.va.gov](http://www.gibill.va.gov).

<b>Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616</b>			
<b>SERVES THE FOLLOWING STATES</b>			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	PA	RI	VT
VA	Foreign Schools		

<b>Southern Region: VA Regional Office P. O. Box 10022 Decatur, GA 30031-7022</b>			
<b>SERVES THE FOLLOWING STATES</b>			
GA	NC	PR	US Virgin Islands
APO/FPO AA			

<b>Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830</b>			
<b>SERVES THE FOLLOWING STATES</b>			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

<b>Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888</b>			
<b>SERVES THE FOLLOWING STATES</b>			
AK	AL	AR	AZ
CA	FL	HI	ID
LA	MS	NM	NV
OK	OR	SC	TX
UT	WA	Philippines	Guam
APO/FPO AP			

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., awards of benefits) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits allowable under the law. While you do not have to respond, VA cannot process your claim for benefits unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). Title 38 U.S.C. allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.



**PART IV - BENEFIT AND TYPE OF EDUCATION OR TRAINING**

21A. TYPE OF BENEFIT

- CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP (FRY SCHOLARSHIP)
- CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)

21B. TYPE OF TRAINING

- COLLEGE OR OTHER SCHOOL
- NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
- FARM COOPERATIVE
- CORRESPONDENCE COURSE (*DEA Children not eligible*)
- LICENSING OR CERTIFICATION TEST
- FLIGHT TRAINING (*Fry Scholarship only*)
- APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING

22. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE (*e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer*)

23. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING TO PURSUE?

24. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU PLAN TO ATTEND (*if applicable*)

25. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF **CURRENT** OR **OLD** SCHOOL OR TRAINING ESTABLISHMENT

26. TELL US **WHEN** AND **WHY** YOU STOPPED (or will stop) TRAINING AT YOUR OLD (or current) SCHOOL OR TRAINING ESTABLISHMENT

**PART V - REMARKS AND CERTIFICATION**

27. REMARKS (*If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet of paper*)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

28A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

28B. DATE SIGNED

**Sign Here  
In INK**

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE  
DEPENDENTS' REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING  
(VA FORM 22-5495)

Use this form to request a change of program or place of training under the following benefit programs:

- Survivors' and Dependents' Educational Assistance Program (chapter 35 of title 38, U.S. Code)
- Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (chapter 33 of title 38, U.S. Code)

Do not use this form to apply for a change of program or place of training for Veterans' education assistance based on your own service (chapters 30, 32, 33, 1606, or 1607). To apply for a change of program or place of training for Veterans' education assistance benefits based on your own service, use VA Form 22-1995.

**INTERNET VERSION AVAILABLE-** You may complete and submit this application on-line at [www.gibill.va.gov](http://www.gibill.va.gov). Click on "GI Bill: Apply for Benefits."

**VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE-** VA offers a wide range of services to assist you in planning your education and/or career goals. Services include educational and vocational guidance and testing to develop a greater understanding of your skills, talents, and interests. For more information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or if you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

**NOTE:** These numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

**ITEM 3.** Your VA FILE NUMBER is the number that appears on your VA benefit checks and all mail that we've sent to you. Generally, your VA FILE NUMBER is the social security number of the individual on whose account you are receiving benefits. Your SUFFIX (letter or 2-digit number) indicates your relationship to the qualifying individual.

**ITEM 9.** The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

**ITEM 17.** To qualify for Survivors' and Dependents' Educational Assistance (DEA), you must be either-

- (1) The spouse or child of a veteran who is permanently or totally disabled as a result of a service-connected disability.
- (2) The spouse or child of an individual on active duty who has been listed as missing in action, captured in line of duty by hostile force, forcibly detained or interned in line of duty by hostile force, or forcibly detained or interned in line of duty by a foreign government or power for more than 90 days.
- (3) The surviving spouse or child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature.
- (4) The spouse or child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the serviceperson is likely to be discharged or released from such service for such disability.

Eligibility for DEA will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained. To qualify for the Fry Scholarship, you must be the child of an individual who after September 10, 2001, died in the line of duty while serving on active duty as a member of the Armed Forces.

**ITEM 21.** Select the benefit under which you are applying for a change in program or place of training. Types of education or training programs are self-explanatory, except for the following-

"Licensing or Certification Test." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. "National Admissions Exams or National Exams for Credit." Individuals eligible to receive benefits may be reimbursed for the cost of approved test for admission to or credit at institutions of higher learning.

"Correspondence." Only spouses and surviving spouses eligible for the Survivors' and Dependents' Educational Assistance program and Fry Scholarship recipients under the Post-9/11 GI Bill may receive benefits for correspondence training. Payments for correspondence courses are made quarterly after VA receives a certification showing the number of lessons completed. For more information on correspondence courses, please visit our website at [www.gibill.va.gov](http://www.gibill.va.gov).

"Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

## HOW TO FILE YOUR CLAIM

### Be sure to do the following:

#### (A) If you have selected a school or training establishment:

Step 1: Mail the completed form to the VA Regional Processing Office for the region of that school's physical address. See below for the addresses of these VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA educational benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

#### (B) If you have not selected a school or training establishment:

Step 1: Mail the completed form to the VA Regional Processing Office for the region of your home address. See below for the address of these VA Regional Processing Offices.

Step 2: Wait for the VA to process your application and notify you of its decision concerning your eligibility for education benefits.

<b>Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616</b>				<b>Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830</b>			
SERVES THE FOLLOWING STATES				SERVES THE FOLLOWING STATES			
CT	DE	DC	ME	CO	IA	IL	IN
MD	MA	NH	NJ	KS	KY	MI	MN
NY	PA	RI	VT	MO	MT	NE	ND
VA	Foreign Schools			OH	SD	TN	WV
				WI	WY		
<b>Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888</b>				<b>Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022</b>			
SERVES THE FOLLOWING STATES				SERVES THE FOLLOWING STATES			
AK	AL	AR	AZ	GA	NC	PR	US Virgin Islands
CA	FL	HI	ID	APO/FPO AA			
LA	MS	NM	NV				
OK	OR	SC	TX				
UT	WA	Philippines	Guam				
APO/FPO AP							

**MORE HELP** - If you need more help completing this application or you want information about our work-study program, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get more information about education assistance from our education Internet site at [www.gibill.va.gov](http://www.gibill.va.gov).

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.526 for routine uses as identified in VA's system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. An example of routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. Payment of education benefits cannot be made unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this information collection.



**Department of Veterans Affairs**

**MONTHLY CERTIFICATION OF ON-THE-JOB  
AND APPRENTICESHIP TRAINING**

**FOR VA USE ONLY**

VA FILE NUMBER	PAYEE
FACILITY CODE	TYPE TRAINING

**IMPORTANT**

Read the instructions carefully. You and the employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. Call 1-888-GI-BILL-1 (1-888-442-4551), if you have questions. Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD.)

**INSTRUCTIONS TO TRAINEE**

ITEMS 1 AND 2 - Enter the number of hours worked for each month shown. (Include any hours of related training during working hours.)

ITEM 3 - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If you have attained the complete job skills for your job (a "journeyman" knowledge and skills), show this information in Item 5.

ITEMS 6A, 6B, AND 6C - Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show your new wage rate and the effective date of that wage rate (when you first received this wage rate).

ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage. If you are receiving additional educational allowance for dependents, also use this item to report any change in the number of your dependents.

ITEMS 8A and 8B - Sign and date the form. Then, give the form to your employer or an authorized official of your training establishment for verification.

CHANGE OF ADDRESS - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print your new address in the remaining space. Be sure to include your ZIP Code.

**INSTRUCTIONS TO EMPLOYER**

NOTE - If an OJT trainee is receiving the journeyman wage, the trainee is no longer entitled to VA educational benefits. You must immediately notify VA. An apprenticeship trainee is not normally entitled to receive educational benefits after reaching the journeyman wage. However, there are some exceptions, such as training on a Davis-Bacon job, or a job in a geographic location that has a different wage scale. If you have any questions, call VA toll-free at 1-888-GI-BILL (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

Please verify the number of hours worked and other information reported by the trainee in Items 1 through 6 with the payroll and training records. Please report any differences in Items 6 and/or 7.

Also use Item 7 if the trainee's conduct or progress is unsatisfactory or if the trainee has attained the complete job skills for the job (a "journeyman" knowledge and skills).

ITEMS 9A and 9B - Sign and date the form. Then, return it to the VA office shown above.

1. MONTH(S) TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 4 and 5)	4. DATE TERMINATED (Mo., day, yr.)		
7. REMARKS	5. REASON FOR TERMINATION			6B. RATE	
	6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 6B and 6C)		6C. EFFECTIVE DATE		

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

8A. SIGNATURE OF TRAINEE	8B. DATE SIGNED
9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	9B. DATE SIGNED

FILE NUMBER:

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is "required to obtain or retain benefits." VA cannot determine your eligibility for further educational benefits and the proper rate payable without your completing this information. While you are not required to respond, we cannot pay you any further education benefits until we receive this information. Your responses are confidential (38 U.S.C. 5701). The information you send may be verified through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine eligibility to benefits under this program and, if applicable, the amount due. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form. (Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD)).



Department of Veterans Affairs

**DESIGNATION OF CERTIFYING OFFICIAL(S)**

**GENERAL INSTRUCTIONS**

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

**SPECIFIC INSTRUCTIONS**

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

**PURPOSE:** This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code)

DO NOT WRITE IN THESE SPACES									

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (Include Area Code)

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) (Include Area Code)

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

**5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT**

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)		(2)	
(3)		(4)	



TRAINING AGREEMENT FOR APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING PROGRAMS  
(Title 38 U.S.C. 3677 and 3687)

### INSTRUCTIONS TO ESTABLISHMENT

We are sending you this form as you have expressed interest in providing on-the-job or apprenticeship training to veterans, their eligible dependents, and members of the Selected Reserve. If you want additional information or need assistance in completing this form, contact your VA Education Liaison Representative (ELR). If you do not have this person's contact information, you can request it as follows:

- Access our education Internet site: [www.gibill.va.gov](http://www.gibill.va.gov)
- Click on the "INFORMATION FOR EDUCATION PROFESSIONALS" link.
- Click on the "INFORMATION RESOURCES" link.
- Click on the "EDUCATION LIAISON REPRESENTATIVE" link. (Scroll down to the State for your mailing address.)
- Click on the link for that State. (This action shows the name, telephone number and e-mail address for our ELR (Educational Liaison Representative). Contact that person using the e-mail address or telephone number shown. He or she will provide you with the information or assistance.

### INSTRUCTIONS FOR COMPLETED FORM

**Complete the entire form. Be sure that you and the VA trainee sign this form. Then take the following actions:**

- Mail two copies (Copy 1 and Copy 2) to the ELR. (Obtain this mailing address from the ELR.)
- Keep a copy (Copy 3) for your records.
- Give a copy (Copy 4) to the VA trainee.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary, but your failure to give us your SSN could impede our processing of your claim. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, payment of education benefits cannot be made unless the information is furnished as required by existing law. This information is a training agreement, as approved by the Department of Veterans Affairs (VA), is completed both the employer and the trainee. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine the trainee's eligibility for educational benefits based on On-the-Job or Apprenticeship training (38 U.S.C. 3671). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.



## OTHER ON-THE-JOB TRAINING STANDARDS

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Education Liaison Representative

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Date Signed



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Education Liaison Representative

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Date Signed



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Education Liaison Representative

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Date Signed



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Education Liaison Representative

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Date Signed



**EMPLOYER'S APPLICATION TO PROVIDE JOB TRAINING  
(UNDER TITLE 38 U.S. CODE SECTION 3677 OR 3687)**

INSTRUCTIONS: All items should be completed. Information requested in Section II applies to the particular trade, craft or occupation for which you propose to provide training to veterans and their eligible dependents. Please read Section III carefully before signing the application. The completed application form may be submitted directly to the VA office serving the area where your establishment is located.

**SECTION I - EMPLOYER IDENTIFICATION**

1. NAME OF ESTABLISHMENT		2. NAME AND TITLE OF PERSON TO CONTACT	3. TELEPHONE NO. (Include Area Code)
4. LOCATION OF ESTABLISHMENT (Street No., city, State, Zip Code)		5. MAILING ADDRESS (If different than in Item 4)	

**SECTION II - DESCRIPTION OF TRAINING PROGRAM**

6. JOB TITLE (Position for which training will be provided)		7. JOB DESCRIPTION (Please keep brief)	
8. LENGTH OF PROGRAM (Indicate hours or months)	9. HOURS IN STANDARD WORK WEEK		
10. HOURS OF RELATED TRAINING OUTSIDE OF JOB REQUIRED EACH YEAR (If none, write "None")	11. NUMBER OF FULLY QUALIFIED EMPLOYEES AVAILABLE AS INSTRUCTORS FOR EACH TRAINEE		
12. MAXIMUM NUMBER OF TRAINEES THAT CAN BE TRAINED AT ANY ONE TIME			

**SECTION III - WAGE PROGRESSION SCALE**

13. BEGINNING WAGE FOR TRAINEES	14. PRESENT JOURNEYWORKER WAGE
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**15. WAGE PROGRESSION DURING TRAINING**

A. PERIOD	B. NO. OF MONTHS	C. WAGE LEVEL	A. PERIOD	B. NO. OF MONTHS	C. WAGE LEVEL
1ST		\$ PER	6TH		\$ PER
2ND		\$ PER	7TH		\$ PER
3RD		\$ PER	8TH		\$ PER
4TH		\$ PER	9TH		\$ PER
5TH		\$ PER	10TH		\$ PER

**SECTION IV - CONDITIONS TO BE MET**

I UNDERSTAND AND AGREE THAT THE FOLLOWING CONDITIONS MUST BE MET IF THIS TRAINING PROGRAM IS APPROVED FOR VA TRAINING BENEFITS:

- A. Close supervision by qualified journeyworkers will be provided throughout the training program.
- B. Records will be maintained for each trainee. At a minimum, the records will include the following: job assignments, promotions, demotions, lay-off terminations, rates of pay, progress in training as outlined in the work processes, hours of training given monthly in each process and overall progress evaluations made at least each 3 months.
- C. Credit will be given for previous training and experience and the length of the training program will be reduced proportionately. Trainees who are granted credit for previous training and experience will be placed into the appropriate step of the wage progression scale.
- D. If required for approval of a training program, the trainee will be advanced to the full journeyworker wage immediately upon completion of the training program.
- E. An Enrollment Certification will not be submitted for a veteran or eligible person who is already qualified for the position because of prior training or experience.
- F. A copy of an approved training agreement will be provided to the trainee and to the Department of Veterans Affairs (VA).
- G. Immediately notify VA of any wage increase (or decrease) paid any trainee not in accordance with his or her training agreement.

IN ADDITION, FOR ON-THE-JOB TRAINING OTHER THAN APPRENTICESHIP PROGRAMS, I HEREBY CERTIFY THAT:

- H. The wages paid to trainees under this VA program will not be less than wages paid to trainees who are not eligible for VA benefits. The beginning wage will be at least 50% of the wage for a fully trained employee.
- I. Unless the training establishment is operated by a Federal, State or local government, periodic wage increases will be granted and by the last full month of training the wage will be at least 85% of the wage for a fully trained employee.
- J. There is a reasonable certainty that the job for which training is provided will be available to the trainee after training has been completed.

16. SIGNATURE	17. TITLE	18. DATE SIGNED
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## **PRIVACY ACT NOTICE**

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## **IMPORTANT NOTICE ABOUT INFORMATION COLLECTION**

We need this information to determine whether a training program may be approved by the Department of Veterans Affairs (VA), (38 U.S.C. 3677 or 3678). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 90 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.