OMB Control No. 2900-0014
Respondent Burden: 5 Mins.

Department of Veterans Affairs

AUTHORIZATION AND CERTIFICATION OF ENTRANCE OR REENTRANCE INTO REHABILITATION AND CERTIFICATION OF STATUS

NOTE: Before completing this form, read the instructions and other important information on the back.

SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF ENTITLED INDIVIDUAL	2. VA FILE NUMBER
	3. SOCIAL SECURITY NUMBER

SECTION B - AUTHORIZATION TO FACILITY/VENDOR

4. NAME OF SERVICE/ASSISTANCE *(Include degree type when applicable)*

5. ENROLLMENT PERIOD	6. PLAN CODE	7. FACILITY CODE

8. NAME AND ADDRESS OF FACILITY OR SERVICE PROVIDER *(Vendor)*	9. SPECIFIC GUIDELINES *(Restricted hours; courses approved/ not approved; restricted bookstore purchases; tutoring approved; etc.)*
10. NAME OF CASE MANAGER OR DESIGNEE AND ADDRESS OF REGIONAL OFFICE	11A. SIGNATURE OF CASE MANAGER
	11B. DATE SIGNED

SECTION C-CERTIFICATIONOFATTENDANCE

12. I CERTIFY THAT the individual in Item 1 began or resumed the program shown in Item 4 on the beginning date for term 1 in Item 13A. He or she continues to be pursuing or enrolled in that program. Charges for this program are in accordance with our current: (Check one)

☐ VA CONTRACT OR AGREEMENT ☐ SCHOOL CATALOG ☐ OTHER PUBLISHED DOCUMENT

13. ENROLLMENT DATE

A. TERM	B. BEGINNING DATE	C. ENDING DATE	D. TYPE AND NUMBER OF *(S=semester Q=quarter D=deficiency R=residence C=clock/shop U=carnegie)*	E. TRAINING TIME *(F=full-time 3/4=3/4-time 1/2=1/2-time L=less than 1/2-time)*	F. STANDARD CLASS SESSION PER WEEK *(Only if less than the term hours certified or if the term is of non-standard length)*
1					
2					
3					
4					

14. LISTING OF SPECIFIC COURSES *(In place of this list, you may attach a copy of registration or other documentation)*

15A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	15 B. DATE SIGNED

EXISTING STOCKS OF VA FORM 28-1905, SEP 1992, WILL BE USED.

INSTRUCTIONS TO SCHOOL, ON-JOB TRAINING ESTABLISHMENT, OR OTHER FACILITY

This form authorizes this veteran or eligible person for training or services at your facility under Vocational Rehabilitation (Chapter 31, title 38, U.S.C); Specialized Vocational Training, Special Restorative Training (Chapter 35, title 38 U.S.C.); or Vocational Training for Certain Children With Spina Bifida or Other Covered Birth Defects (Chapter 18, title 38, U.S.C.). Under Chapters 18 and 31, but NOT under Chapter 35, the Department of Veterans Affairs will pay for tuition, fees, books, and supplies for the program identified in Item 4. Item 9 lists specific guidelines regarding the rehabilitation program for this individual. Forward vouchers for program expenses to the office in Item 10. VA pays in arrears directly to the institution all vouchers for the veteran's tuition, fees, books and supplies. The veteran under Chapter 31 or child under Chapter 18 should not pay these expenses.

After the veteran or eligible person has enrolled or has begun his or her rehabilitation or training program or evaluation, please complete all applicable items in the certification in Section C, sign and date the certification, and return the form to the case manager or person in Item 10. Note these special instructions for completing the following items:

Item 13A. For schools or institutions providing training or instruction on a semester, quarter, or other term basis, enter up to four terms, but do NOT enter a total enrollment period that exceeds 1 academic year, including summer sessions if appropriate. If the individual's vocational rehabilitation or training plan projects attendance for the entire academic year, the school or institution should certify the entire academic year.

Item 13D. For college-level courses organized on a term basis, enter the type and number of credit hours. For other programs, enter the type and number of classroom and shop hours per week.

Item 13E. For each term, indicate the training time the facility considers that the number of hours in Item 13D represents.

Item 13F. Answer this item only if the facility organizes its classes in semesters, quarters, or other terms and reports training time in credit-hours. For a detailed explanation of the relationship between standard class sessions, nonstandard term lengths, and term hours, contact the VA regional office's Education Liaison Representative.

Item 14. You must complete this item for college-level or vocational training. This includes classroom courses which supplement an on-job or apprentice training program. In place of an entry, you may attach a copy of the individual's registration or other documentation that details the courses the individual is taking.

The case manager may also request that you submit additional information with this form.

For on-job training, you will also need to submit monthly either VA Form 28-1905c, Monthly Record of Training and Wages, or VA Form 28-1917, Monthly Statement of Wages Paid to Trainee. The case manager will inform you which of these forms you will have to submit.

PRIVACY ACT INFORMATION: No allowance of benefits for a veteran or eligible person may be granted unless the information requested is furnished as required by existing law (38 U.S.C. 5101). The responses you submit are considered confidential. They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.