

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

Item 1. Enter the complete name and address of the school or training establishment.

Item 2A. Primary Certifying Official: Enter complete name and title for the individual at the facility who will act as the primary certifying official. This person must sign the form on the same line as his or her name and title. Provide this individual's direct telephone number and email address. The individual must validate that he or she has fulfilled any mandatory school training requirements.

Item 2B. Additional Certifying Officials: Enter the complete name and title for each remaining designated certifying official. Have each person sign the form on the same line as his or her name and title. Provide individual's direct telephone number and email address. The individual must validate that he or she has fulfilled any mandatory training requirements. Include copies of training certificates for any newly designated certifying officials when submitting this form.

Item 3. Use Item 3, (Remarks) if additional space is needed.

Items 4 and 5. Sign and date the form.

Item 6. Print name and title of designating official. The person signing the form must be a person of significant authority, (i.e., registrar, academic dean, or higher).

Items 7 and 8. Provide email address and direct telephone number.

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)*

2A. THE **PRIMARY CERTIFYING OFFICIAL** ACTS AS THE PRIMARY POINT OF CONTACT AT THE TRAINING FACILITY. RELATED INQUIRIES AND CORRESPONDENCE WILL BE DIRECTED TO THE ATTENTION OF THIS INDIVIDUAL. THE FOLLOWING INDIVIDUAL IS DESIGNATED AS THE PRIMARY CERTIFYING OFFICIAL FOR THE SCHOOL OR TRAINING ESTABLISHMENT NAMED IN ITEM 1:

NAME	TITLE	SIGNATURE
		<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE <small>(Provide the date Section 305 training requirement was met)</small>

2B. THE FOLLOWING ARE DESIGNATED AS **ADDITIONAL CERTIFYING OFFICIALS** OF THIS SCHOOL OR TRAINING ESTABLISHMENT. 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), SCHOOL PORTION OF VA FORM 22-1990T, *APPLICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE* AND OTHER CERTIFICATIONS OF ENROLLEMENT:

	NAME	TITLE	SIGNATURE
(1)			
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE <i>(Provide the date Section 305 training requirement was met)</i>
(2)	NAME	TITLE	SIGNATURE
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE <i>(Provide the date Section 305 training requirement was met)</i>
(3)	NAME	TITLE	SIGNATURE
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE <i>(Provide the date Section 305 training requirement was met)</i>
(4)	NAME	TITLE	SIGNATURE
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE <i>(Provide the date Section 305 training requirement was met)</i>

2C. IT IS ACKNOWLEDGED THAT EACH OF THE INDIVIDUALS NEWLY DESIGNATED AS CERTIFYING OFFICIALS HAVE COMPLETED ONLINE TRAINING FOR NEW CERTIFYING OFFICIALS. INDIVIDUALS REQUESTING "**READ ONLY**" ACCESS ARE NOT REQUIRED TO COMPLETE THIS TRAINING. INDICATE IN ITEM 3, (REMARKS) IF A CERTIFYING OFFICIAL IS IN RECEIPT OF VA EDUCATION BENEFITS. **IT IS HEREBY CERTIFIED THAT** THE DEPARTMENT OF VETERANS AFFAIRS WILL BE NOTIFIED OF ANY CHANGES IN THE DESIGNATIONS SHOWN ON THIS FORM, TO INCLUDE CHANGES IN CONTACT INFORMATION, AS THEY OCCUR.

NO.	NAME	NO.	NAME
(1)		(6)	
(2)		(7)	
(3)		(8)	
(4)		(9)	
(5)		(10)	

3. REMARKS

4. SIGNATURE OF DESIGNATING OFFICIAL

5. DATE

6. PRINT NAME AND TITLE

7. EMAIL ADDRESS

8. TELEPHONE NUMBER (Include Area Code)

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.

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, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. An example of a routine use (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). Your obligation to respond is required to obtain or retain education benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680 (g)). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). 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. 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.