



DESIGNATION OF CERTIFYING OFFICIAL(S)

INSTRUCTIONS

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. **IMPORTANT: All** designated Certifying Officials must be listed as each form supersedes the previous form.

Item 1. Enter the complete name and address and VA facility code (if assigned) of the school or training establishment.

Items 2A & 2B. Officials listed in Items 2A and 2B (this excludes those in Item 2C) are 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 or VA Form 22-10201 and other Certifications of Enrollment.

Enter the complete name and title for each 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 section 305 training requirements as described below.
- The individual must indicate if they are receiving Department of Veterans Affairs Education benefits. VA will not pay VA benefits for enrollment in a course certified by the individual taking the course. During compliance survey, the records of any individuals listed in items 2A and 2B who are receiving VA benefits at this facility will be reviewed.

SECTION 305 TRAINING INSTRUCTIONS

Newly Designated Certifying Officials: All newly designated Certifying Officials must complete required online training for new certifying officials based on their type of facility and provide a copy of their training certificate when submitting this form. Enter the date the new certifying official training was completed in the '305 training date' box.

Newly Approved Institutions: An individual designated as a certifying official must complete the required new certifying official training using the generic facility code #1-2-3456-78. Instructions will be provided to update the SCO Training Portal once the facility has received a VA Facility Code. Enter **PENDING VA FACILITY CODE** in the '305 training date' box if your facility has not yet received a VA Facility Code.

Existing Certifying Officials: Enter the date the certifying official completed the annual training requirement in the '305 training box'. If the institution is not currently designated as a "covered institution", enter EXEMPT in the '305 training date' box.

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

Items 4 and 5. Sign and date the form. **NOTE:** The person signing the form must be a person authorized to enter the school or training establishment into a binding agreement with the Department of Veterans Affairs.

Item 6. Print name and title of designating official.

Items 7 and 8. Provide Designated Official's 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 <i>(Include ZIP Code)</i>		VA FACILITY CODE (If Assigned)	
<p>2A. THE PRIMARY CERTIFYING OFFICIAL ACTS AS THE PRIMARY POINT OF CONTACT AT THE TRAINING FACILITY. APPROVAL AND COMPLIANCE SURVEY 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.</p>			
NAME	TITLE	SIGNATURE	
		<div style="border: 1px solid black; width: 100%; height: 40px;"></div>	
TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
			<input type="radio"/> YES <input type="radio"/> NO

**2B. THE FOLLOWING ARE DESIGNATED AS ADDITIONAL CERTIFYING OFFICIALS OF THIS SCHOOL
OR TRAINING ESTABLISHMENT:**

	NAME	TITLE	SIGNATURE	
(1)				
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
				<input type="radio"/> YES <input type="radio"/> NO
(2)				
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
				<input type="radio"/> YES <input type="radio"/> NO
(3)				
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
				<input type="radio"/> YES <input type="radio"/> NO
(4)				
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
				<input type="radio"/> YES <input type="radio"/> NO
(5)				
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
				<input type="radio"/> YES <input type="radio"/> NO

**2B. THE FOLLOWING ARE DESIGNATED AS ADDITIONAL CERTIFYING OFFICIALS OF THIS SCHOOL
OR TRAINING ESTABLISHMENT (Continued):**

(6)	NAME	TITLE	SIGNATURE	
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
				<input type="radio"/> YES <input type="radio"/> NO
(7)	NAME	TITLE	SIGNATURE	
	TELEPHONE NUMBER <i>(Include Area Code)</i>	EMAIL	DATE SECTION 305 REQUIREMENTS WERE MET <small>(See Section 305 Training Instructions Above)</small>	IS THIS INDIVIDUAL IN RECEIPT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION BENEFITS?
				<input type="radio"/> YES <input type="radio"/> NO

2C. A READ-ONLY SCO IS AN INDIVIDUAL AT AN EDUCATIONAL INSTITUTION WITH PERMISSION TO ACCESS ENROLLMENT INFORMATION, REQUEST INFORMATION, AND SUBMIT INQUIRIES TO VA TO ASSIST AN AUTHORIZED SCO WITH OBTAINING ACCURATE INFORMATION TO CERTIFY STUDENT'S ENROLLMENT. INDIVIDUALS REQUESTING "READ ONLY" ACCESS ARE NOT REQUIRED TO COMPLETE 305 TRAINING.

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

3. REMARKS

4. SIGNATURE OF DESIGNATING OFFICIAL (See Specific Instructions Items 4 and 5)

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, and Veteran Readiness 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0262, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0262 in any correspondence. Do not send your completed VA Form 22-8794 to this email address.