



CERTIFICATION OF NATIONAL PARALYMPICS AND OLYMPICS TRAINING STATUS

PRIVACY ACT: The information requested on this form is solicited under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled.

VA BURDEN STATEMENT: 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 2900-0760, and it expires 07/31/2024. Public reporting burden for this collection of information is estimated to average 5 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. 2900-0760 in any correspondence. Do not send your completed VA Form 0918a to this email address.

SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF APPLICANT	2. LEVEL <input type="checkbox"/> EMERGING <input type="checkbox"/> NATIONAL TEAM ATHLETE
	3. DISABILITY CLASSIFICATION <input type="checkbox"/> SERVICE-CONNECTED <input type="checkbox"/> NONSERVICE-CONNECTED

SECTION B - CERTIFICATION OF TRAINING STATUS

4A. NAME OF SPORT	4B. SPORT CLASSIFICATION	
5A. DATE STANDARD MET <i>(Current FY; MM/DD/YYYY)</i>	5B. EVENT/COMPETITION/CAMP STANDARD MET NAME AND LOCATION	5C. SCORE/TIME/JUSTIFICATION

SECTION C - PERIOD OF ENROLLMENT

6A. BEGINNING DATE	6B. ENDING DATE	6C. TYPE OF TRAINING <i>(Select all that Apply)</i>		
		<input type="checkbox"/> TRAINING	<input type="checkbox"/> COMPETITION	<input type="checkbox"/> RESIDENCE
		<input type="checkbox"/> TRAINING	<input type="checkbox"/> COMPETITION	<input type="checkbox"/> RESIDENCE
		<input type="checkbox"/> TRAINING	<input type="checkbox"/> COMPETITION	<input type="checkbox"/> RESIDENCE
		<input type="checkbox"/> TRAINING	<input type="checkbox"/> COMPETITION	<input type="checkbox"/> RESIDENCE

SECTION D - CERTIFICATION OF ATTENDANCE AND STATUS

(Applicants must be invited to participate in Paralympics or Olympics training by the applicable governing Paralympics or Olympics sport entity to receive a VA allowance)

7. I certify that the individual in Item 1 began or resumed the training program listed in Section B for the period specified under Section C. Furthermore, I certify that I will notify the Department of Veterans Affairs, Office of National Veterans Sports Programs and Special Events, within 3 working days of a change in the individual's training status.

8A. NAME, TITLE, AND SIGNATURE OF DESIGNATED CERTIFYING OFFICIAL	8B. DATE SIGNED

SECTION E - CERTIFICATION OF MARITAL AND DEPENDENT STATUS

9. I certify that information submitted on my application, VA Form 0918b, regarding my marital and dependent status is current and valid. Furthermore, I certify that I will notify the Department of Veterans Affairs, Office of National Veterans Sports Programs and Special Events, within 14 business days of a change in my marital or dependent status.

10A. PRINTED NAME AND SIGNATURE OF VETERAN	10B. DATE SIGNED
